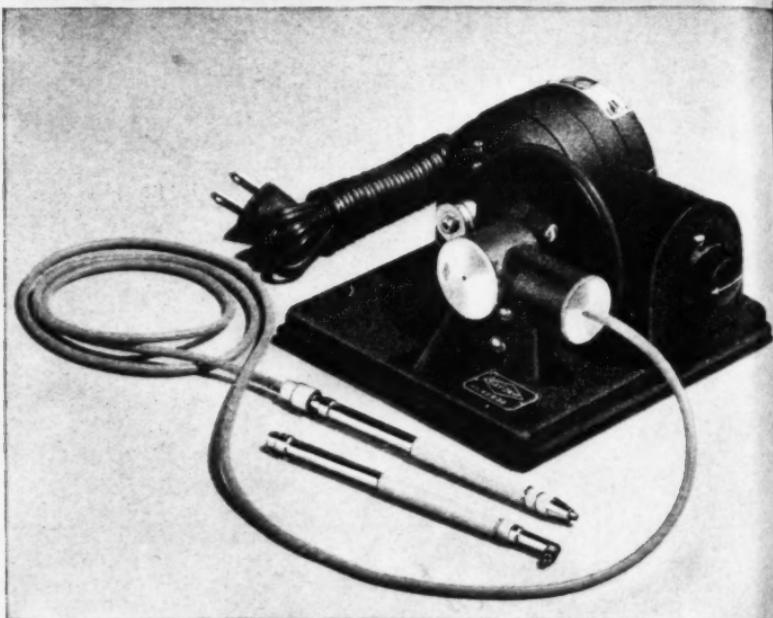


# Oral Hygiene



# THE PNEUMATIC CONDENSER



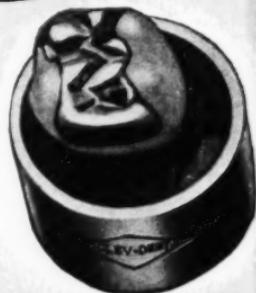
## FOR DENSER GOLD FOIL AND AMALGAM FILLINGS

Both amalgam and gold foil are condensed to greater density with the Pneumatic Condenser than any other method. Hand pressure may be applied at same time the blow is delivered. Severity and length of the operation is reduced for both patient and operator.

Small size of the condensers allows them to be turned or the line of force to be changed easily.

Portable Pneumatic  
Condenser Complete  
\$60.00

Price with Angle  
Only  
\$48.50



THE *Cleveland* DENTAL  
MANUFACTURING CO.  
CLEVELAND, OHIO U.S.A.



# *Keeping Step* with TISSUE RESORPTION!

When Konformax Rebase is applied to an Immediate Denture, it develops denture tolerance by cushioning the tender tissue.

Additional applications of Konformax Rebase keeping the denture in constant retention and can be made as normal resorption occurs, thus proper function. At the same time it also helps to decrease alveolar resorption because tissue irritation is greatly reduced.

At the end of the resorption period, Konformax Rebase can be used for the impression in reprocessing the denture.

Can Be Used On Vulcanite, Metal and Acrylic Dentures.

**KONFORMAX DIVISION, PERMATEX COMPANY, INC., BROOKLYN 29, N. Y.**



## *The Publisher's Corner*

**By Mass**

**Number 325**

### **WHAT A WAY TO START THE DAY**

IT SURE ENOUGH starts your day right when the first letter you pick off the mail pile tells you in the very first line that "You are one of the most sought-after men in America." Gosh. At last. Up from obscurity, years and years of it. You stop right there to adjust your necktie, square your shoulders, smooth your hair. "Wait till I show this to Mama! Boy oh boy!" you tell yourself.

And now for the rest of this lovely, lovely letter. Let's read it some more. "You are one of the most sought-after men in America," but *now* look: "Your daily mail proves that—and yet here is *The Atlantic Monthly* asking to claim your attention for a few minutes . . ."—and on and on over to page 2. "P.S.—Lack of time prevents us from checking your name with our list as should be done. If we are already serving you, please feel free to use the enclosed special offer on your renewal order."

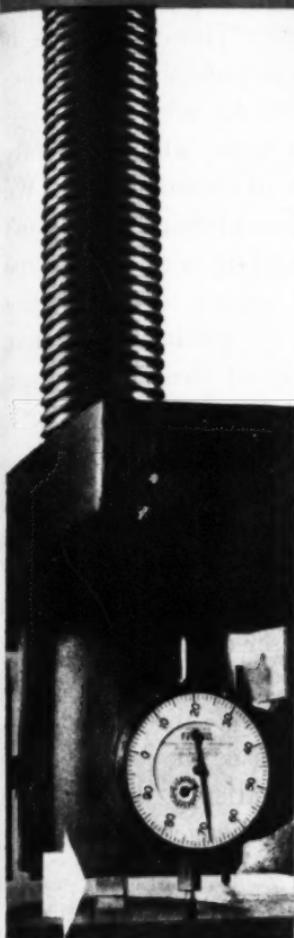
Nuts. Mama won't know about it at all until she reads this CORNER. But oh to recapture those marvelous minutes.

\* \* \*

Another letter. This one about the May ORAL HYGIENE cover upon which the picture of this department's niece appeared. It's from Doctor George Swendiman of Grand Forks, North

# strength under stress

1059



Ordinary processes of mastication mean the application of from six to 220 pounds of pressure to each square inch of cutting area. Even when distributed over the surface of the largest cast restorations, this is a notable force—but Durallium has resiliency to spare. **Durallium resists up to 88,000 pounds of pressure per square inch—by actual laboratory tests—before it can be permanently distorted from its original form.** As a result, Durallium restorations retain their original fit over a period of years . . . in spite of the heaviest stresses of use.

Tested on a universal testing machine by the physical testing laboratories of the R. W. Hunt Company of Chicago, ingots of Durallium resisted crushing strengths up to 242,200 pounds per square inch.

*available through your qualified Durallium laboratory  
consult your classified telephone directory*

2617-6051  
0632

**DURALLIUM products corp.** ESTABLISHED 1936

225 NORTH WABASH AVENUE • CHICAGO 1, ILLINOIS

Dakota, who says he has often been tempted to comment on the CORNER. "Your niece is a beautiful child and reminds me of my own niece who is equally as beautiful, has beautiful teeth, and has artistic ability," writes George. "However, there is something wrong with the picture that the publisher of an outstanding magazine [Thanks, pal.] should not tolerate.

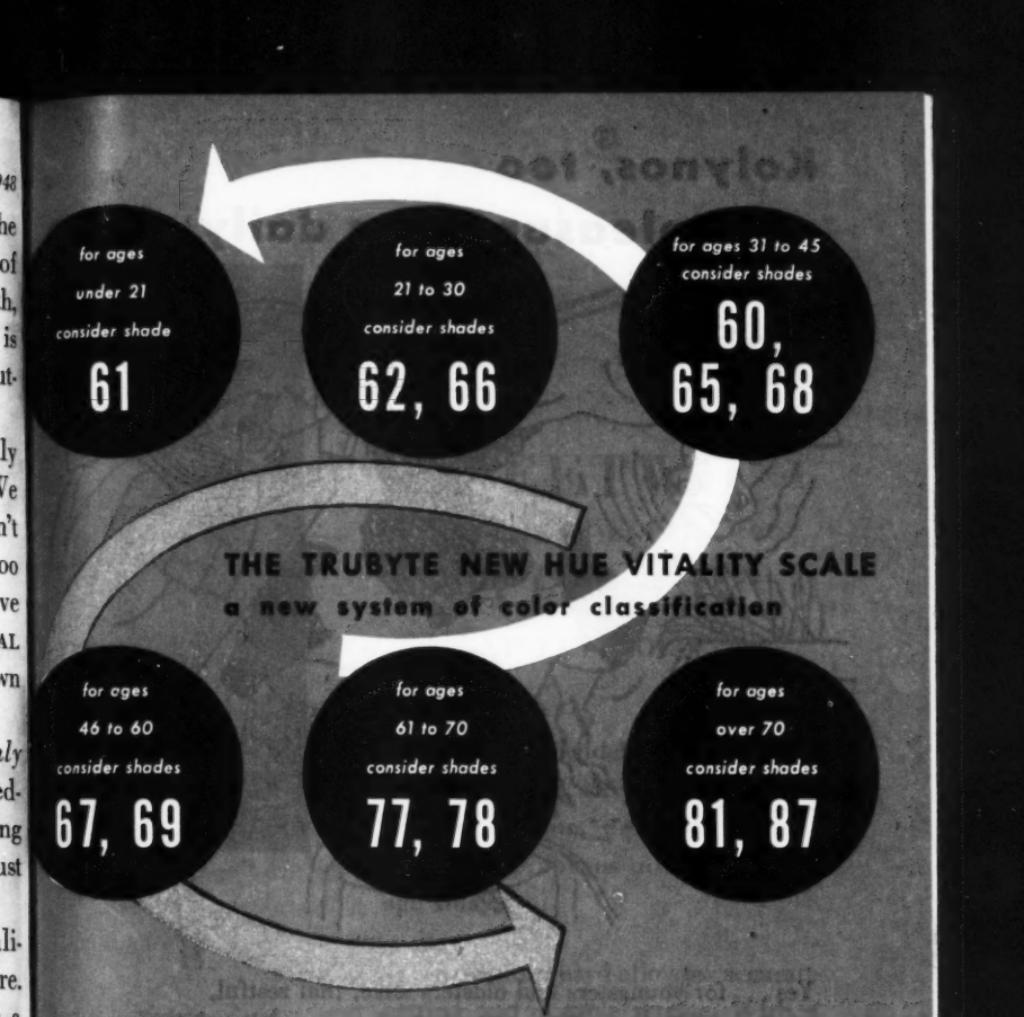
"Here is a young lady admiring her teeth, who apparently has not been taught the proper method of cleaning them. We see in the bathroom a miniature shoe brush! Surely this can't be *her* toothbrush. [No, it's mine, chum.] It is altogether too large, and incorrectly shaped to allow anyone to do effective cleaning. I'll make a small wager that the publisher of ORAL HYGIENE does not know the correct way of cleaning his own teeth."

What a way to start the day. First, *The Atlantic Monthly* builds you up sky-high—only to shove you off the psychic pedestal. Then, when you're down, George Swendiman comes along and stomps on you, tells you that you don't know how to dust your fangs.

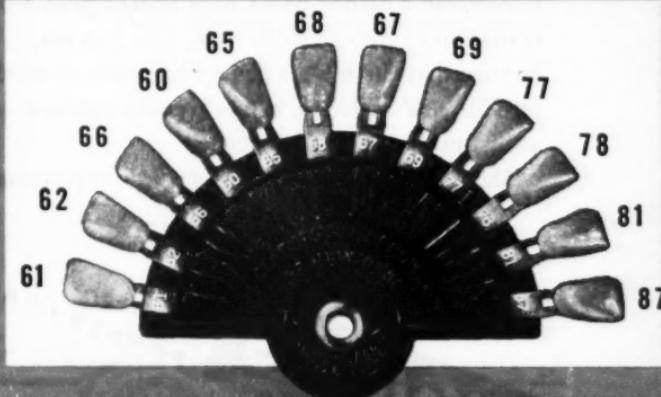
And that's not all. Doctor I. Rosenwasser of Van Nuys, California, writes almost an echo of George Swendiman's censure. The niece is nice. "Your judgment that she's just right as a subject for ORAL HYGIENE's Child Health cover could not be challenged." But as for Uncle—let's challenge the old boy about the props used in the picture, let's challenge this character plenty.

Anyway, Doctor Rosenwasser sent four free toothbrushes of his own design—two for Barb, two for the publisher.

The free toothbrushes comfort you, help restore some degree of aplomb but not much. You never can shinny up a pedestal you've been shoved off of by the great big brainy *Atlantic Monthly*. You never can heal up the wounds in your soul inflicted by people who unveil your ignorance—ignorance you'd always thought was a cozy secret.



rearrange your  
Trubyte new hue  
shade guide  
according to the  
Trubyte new hue  
vitality scale.



THE DENTISTS' SUPPLY CO. OF NEW YORK  
320 WEST 42ND STREET, NEW YORK 18, NEW YORK

**Kolynos<sup>®</sup>**  
**puts pleasure in a daily chore**



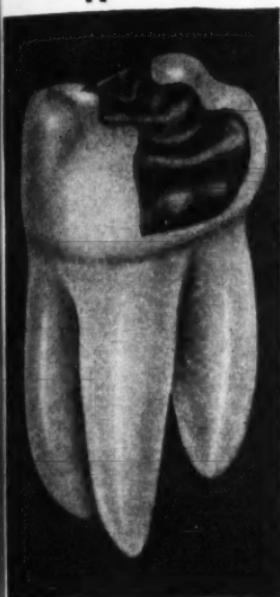
Yes . . . for youngsters and oldsters alike, that zestful, wholesome Kolynos flavor does indeed pose a delightful invitation to *regular* tooth care. And you may be sure that the teeth will be adequately cleaned, too . . . for Kolynos' *thorough, safe, cleansing* action is as distinctive as its tangy taste.

Make this fine dentifrice your regular recommendation.

**Kolynos**

POWDER • PASTE

WHITEHALL PHARMACAL COMPANY  
22 E. 40th St., NEW YORK 16, N.Y.



## DEETWO

THE POPULAR

## TYPE "B"

INLAY GOLD

So well and so widely known that it has come to be accepted as a standard specification, providing a solution to all problems involving Average Inlays.

It is a medium-hard alloy for accurate casting and durable service. With a 25% elongation, it burnishes easily for clean sharp margins . . . yet it is hard enough to take a high polish.

*You simplify your selection of the RIGHT type of gold when you specify DEETWO.*

**Today's  
Golden  
Tip**

Correct spruing is important to a successful casting. Use large sprues and attach them to the most bulky portion of the wax pattern.

GENERAL OFFICES AND PLANT  
1900 WEST KINZIE STREET..



REFINERS & MANUFACTURERS  
.. CHICAGO, 22, ILLINOIS



## EASIER FOR *You!*

Here's a "perfect partnership". "They" can make it easier for you.

Who are the partners?—Your assistant and the Phillips Control Technique.

It's a "perfect partnership" because, with a half-hour's instruction, your assistant can quickly produce perfect inlays of all sizes and description.

The Phillips Control Technique consists of Kerr Cristobalite Inlay Investment (high thermal expansion), Kerr Control Powder (low thermal expansion) and the Kerr Automatic Scale for proportioning the two.

Regardless of the sizes of the inlay or the room temperature, this combination compensates for the variables and produces perfect-fitting inlay castings.

Also, the retention of the inlay can be controlled to result in the type of fit you desire.

No other technique offers this "control".

Use this "perfect partnership". It will mean more time at the chair or more time for relaxation, or both.

Write for our booklet—"Custom Built Inlays".

**KERR** **MANUFACTURING CO.**  
**DETROIT 8, MICHIGAN**  
Established 1891

# easy to administer, pleasant to take prompt to act



A balanced saline combination which acts by simple osmosis to dilute fecal residue and produce soft fluid bulk . . .

Stimulates peristalsis and promotes *speedy* but *gentle* evacuation.



\**Aperient*

\**Laxative*

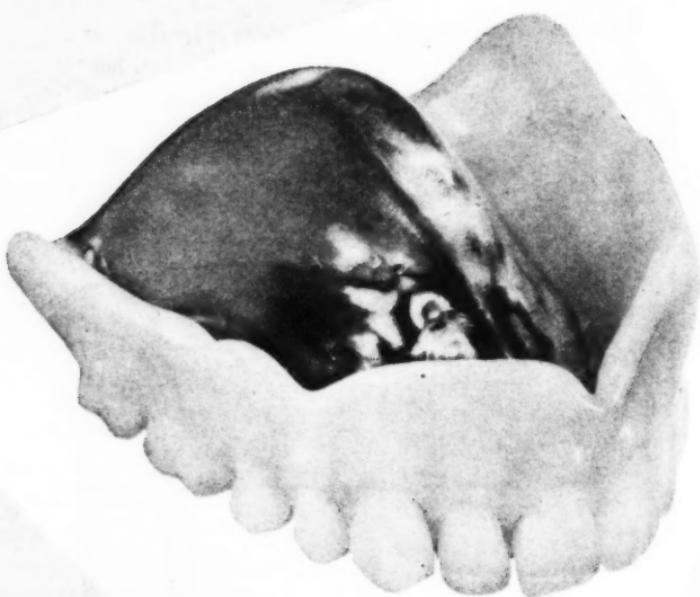
\**Cathartic*

\**Average dose*

*Product of BRISTOL-MYERS*

19 West 50 Street, New York 20, N.Y.

# You can't beat "Lucitone



REG. U. S. PAT. OFF.

BETTER THINGS FOR BETTER LIVING  
... THROUGH CHEMISTRY

DuPont

# for all-round Excellence

## FOR EXCELLENCE IN DENTURES, IT'S THE COMBINATION OF QUALITIES THAT COUNTS

Thousands of dentists all over the country specify dentures made with Du Pont "Lucitone" acrylic resin base, because "Lucitone" combines the best in qualities desired by dentists, laboratory technicians, and patients.

Before its introduction, careful research went into the development of this composition. From the very beginning, "Lucitone" has been the leader in its field. And it continues to set the standards of excellence for denture materials. Du Pont scientists are constantly at work in the improvement of this denture base. Today, the gratifying results make "Lucitone" first choice of more and more dentists. Laboratory technicians, too, choose "Lucitone"—for its superior processing characteristics.

Next time you order a denture, remember: **year after year...Du Pont "Lucitone" is your assurance of the best in dentures.**

**The best dentures require this combination of properties.  
You'll find them all in "Lucitone"**

**Lifelike Appearance.** Naturally attractive. Color unchanged by exposure to light, food substances, and oral fluids.

**Translucency.** Mottled, translucent tissue tone blends with natural gingiva and provides a lifelike match.

**Purity.** The finest materials are painstakingly processed, tested and controlled to assure uniform purity.

**Strength.** Withstands flexing, bending, and

other stresses in the mouth. Resists sudden blows and falls.

**Abrasion-Resistance.** Retains high polish and natural beauty because of resistance to scratching and pitting.

**Dimensional Stability.** Will not become distorted and lose shape. Withstands strains caused by chewing.

**Freedom from Odor and Taste.** Pleasant to wear. Won't become tainted by food and liquids in the mouth.

"LUCITONE" is the trade-mark for Du Pont acrylic resin denture material.

"Lucitone" is distributed exclusively by the L. D. Caulk Company, Milford, Delaware, who will furnish literature on request.

# "Lucitone"

Sets the standards  
for denture materials

*Experience is the*

*Best Teacher*

**William Withey Gull**

*(1816-1890)*

*proved it in pathology*

SIR William Gull is medically recognized for many original observations which led to his description of myxedema and a greater understanding of nephritis. He also added much to the fundamental knowledge of neuropathology. Medical knowledge was enriched by Gull's experiences.

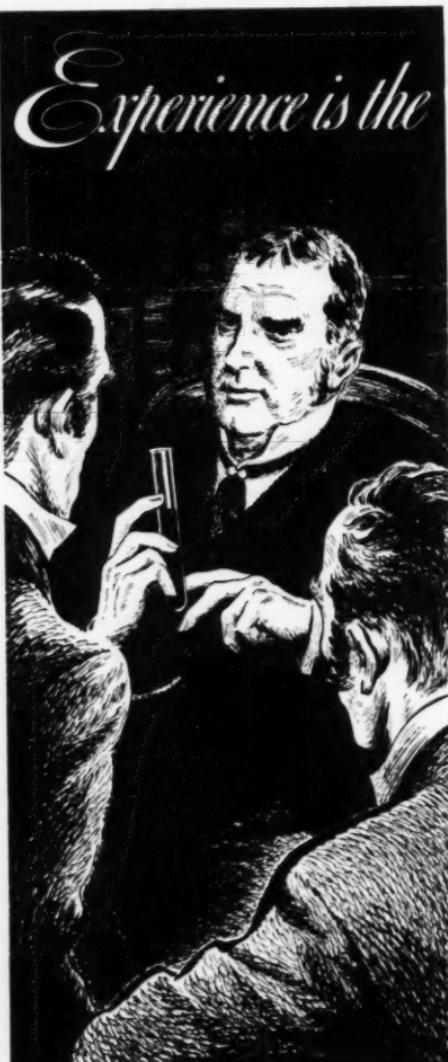
***Experience is the best teacher in cigarettes, too!***

Experience is what counts. And with millions of smokers who have tried and compared many different brands of cigarettes, Camel is the "choice of experience."

Try Camels! Discover for yourself how the rich, full flavor of Camels pleases your taste. See if Camel's cool mildness isn't welcome to your throat.

Let your experience tell you why *more people are smoking Camels than ever before.*

R. J. Reynolds  
Tobacco Co.,  
Winston-Salem, N. C.



*According to a Nationwide survey:*

**More Doctors  
Smoke CAMELS  
than any other cigarette**

Three independent research organizations in a nationwide survey asked 113,597 doctors what cigarette they smoked. The brand named most was Camel!



# Minimax alloy



Complies with  
A. D. A. Specifications  
No. 1 Filings suitable for  
alloy-mercury gauges

Slowly, s-l-o-w-l-y but inevitably old rivers meander to their mouth, turning, twisting, winding in and out, carrying thousands of tons of sediment down stream. Nature's physical forces continue to erode . . .

To help make better, longer lasting fillings, Minimax Alloy No. 178 is fabricated to resist the effects of erosion over long periods. Its superior hardness withstands the elements hostile to amalgam. The fillings you so carefully carve will endure for years if you use Minimax.

What's more, Minimax Alloy is made to permit a wide leeway in manipulation and still comply with all specifications. It minimizes the detrimental forces of nature and unavoidable variations encountered in mixing and packing and polishing. To you this means a greater percentage of completely successful fillings. Buy Minimax for maximum results.

For best results, mortars and pestles should be occasionally resurfaced. Over long periods, they wear smooth . . . become inefficient. As a convenience, Minimax provides FREE with every bottle a handy envelope of Abrasive Resurfacing Powder.

**THE MINIMAX COMPANY**  
5905 N. Clark St., Chicago 26, Ill.

# S.S. White



\*TYPE A

## **When the Inlay is subject to slight stress**

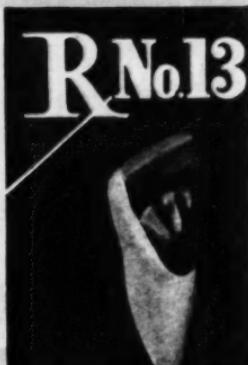
A pure gold colored, very soft, burnable alloy for occlusal and gingival lays that will receive slight or moderate stress.



\*TYPE B

## **For M.O.D. Inlays, 3/4 Crowns, Pontics, Posterior Abutments etc.**

A popular, light coin colored gold medium hard inlays. It is burnishable a desirable feature if you like to spin margins.



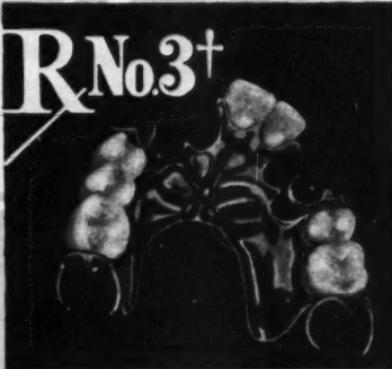
\*TYPE C

## **For Inlays, 3/4 Crowns, Preparations, etc., subject heavy stress**

This is a hard, gold colored alloy that will withstand impact. For hard inlays, 3/4 crowns thin sections, incisal angles over face slice preparations, pontics and inlay instruments that will be subject to severe stress.

**THE S. S. WH**

# Casting Golds



## For an Exceptionally Good Partial Denture Gold

It has strength to spare, consequently it can be cast in thin sections and still have ample strength for service in the mouth. It is soft in the quenched condition to permit fine clasp adjustment, and tough and resilient after heat treatment.

Use it for all types of clasps, bars, partial dentures,  $\frac{3}{4}$  crowns with thin walls, m.o.d. inlays, cast cusps, and fixed partial denture abutments when you need a gold of great hardness, strength, and dependability from all viewpoints.

Coin gold color.

\*Comply with A.D.A. Specification No. 5

†An extra hard gold for which no specification has been set.

Always specify  
**S. S. WHITE CASTING GOLDS**  
at your supply house and laboratory.

**DENTAL MFG. CO., PHILADELPHIA 5, PA.**

Where Spore Destruction is not a Consideration

# Chlorophenyl

Affords a Valuable Instrument Disinfecting Medium for WARD and PROFESSIONAL OFFICE Use

This powerful disinfecting solution is free from phenol (carbolic acid) and mercurials. It is a chlorinated phenyl compound that is unusually non-selective in its rapid destruction of commonly encountered vegetative bacteria as shown in the chart.

PRICE Per Gallon . . \$6.50  
Per Quart . . \$2.25

Check these additional features—

- 1 Non-injurious to metallic instruments or keen surgical edges.
- 2 Low volatility . . will not irritate eyes, nose or throat.
- 3 Will not stain fabrics, skin or tissue.
- 4 Will not dry and fissure hands or skin areas if exposed repeatedly. (Chlorophenyl is not to be used therapeutically.)
- 5 Stable . . will retain potency over long periods.

B-P instrument container No. 300 is recommended as the ideal office container for holding the Solution.

Compare the killing time of this superior bactericidal agent

	Vegetative Bacteria	10% Dried Blood	Without Blood
Staph. aureus	15 min.		2 min.
E. coli	15 min.		3 min.
Strept. hemolyticus	15 min.		15 min.

Ask your dealer  
**PARKER, WHITE & HEYL, INC.**  
Danbury, Connecticut

**P.W.H.**  
A BARD-PARKER PRODUCT

for  
ACCURATE  
FULL  
and PARTIAL IMPRESSIONS

More and more dentists are re-ordering COE-LOID POWDER for partial and static full denture impressions because their experience proves this outstanding alginate material provides dimensional accuracy of the highest degree, and they find it a pleasure to use.

Coe-Loid Powder is easy to handle. It's pure, smooth, and creamy. As a matter of fact, Coe-Loid Powder is one alginate that you can be sure gives you a hard, non-chalky model. Also, ample strength prevents slumping away.

You can buy in economy-size 12-unit packages as Coe-Loid Powder is packed in air-tight, moisture-proof metal tubes and has an indefinite shelf life. Order a trial box today from your dealer and compare with your present material. Chances are, Coe-Loid Powder is *just what you have been looking for.*

Coe LABORATORIES, INC.  
CHICAGO 21, ILL.



## PRECIPITATION AREAS AND AMOUNTS



Dot shading on this small precipitation map covers areas where precipitation has occurred during the 24-hour period ending at 1:30 a.m. today. The figures show the amount of precipitation (in hundredths of an inch) that has occurred at each station in the 24-hour period. The letter "T" indicates a trace of precipitation.



*The "air-conditioned" acrylic denture material*





WITH A DENTURE BASE?

## Pre-mixed Vernonite GEL is unaffected by Weather

To paraphrase an old saying, "It's the heat **AND** the humidity." Both temperature and moisture have considerable influence on the mixing of acrylic powder and liquid as every technician has observed.

Vernonite Gel is *pre-mixed* in controlled, air-conditioned laboratories. It comes to you ready for processing. Use Vernonite Gel and you avoid unnecessary and unscientific hand spatulation, eliminate the detrimental variations incurred when your thermometer and barometer go up and down. Also save a lot of time.

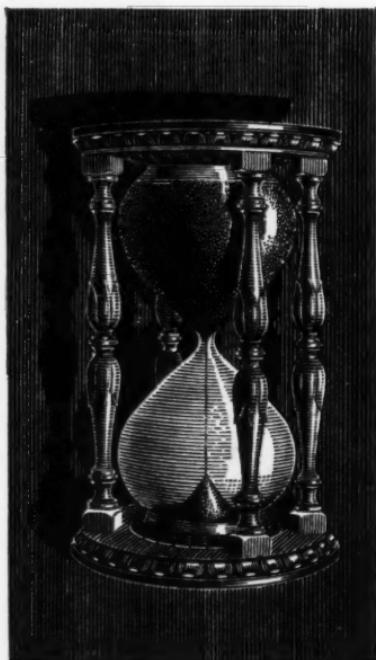
For greater uniformity in your restorations, for stronger, harder dentures with more life-like, translucent color be sure to prescribe **VERNONITE GEL**.

**VERNON-BENSHOFF Co., P.O. Box 1587, Pittsburgh 30, Pa.**

"Vernonite" Registered Trade Mark

# Prolonged effect

*in local mouth lesions*



Bristol Crystalline Penicillin G Troches, plain and with benzocaine, are white in color, pleasantly flavored with peppermint. The benzocaine form will be found especially useful in the presence of painful, inflammatory mouth lesions. The formula includes 5 mg. of Benzocaine per troche, which provides adequate local anesthetic effect with minimum numbing discomfort.

Penicillin troches are used with definite relief in *Vincent's angina; ulcerative, aphthous or desquamative stomatitis; hypertrophic or ulcerative gingivitis; inflammatory paradontosis, and for postoperative discomfort.*

**BRISTOL CRYSTALLINE PENICILLIN G TROCHES** are available in bottles of twenty, each troche containing 5000 units of Crystalline Sodium Penicillin G.

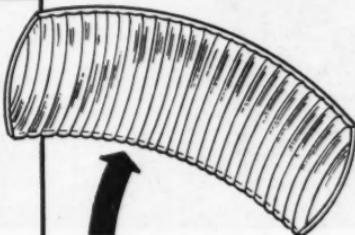
**BRISTOL CRYSTALLINE PENICILLIN G TROCHES** with Benzocaine are packaged in bottles of twenty, each troche containing 5000 units of Crystalline Sodium Penicillin G plus 5 mg. of benzocaine.



# Bristol

LABORATORIES INC. SYRACUSE, NEW YORK

The **PANOVISION**  
*Light*  
reduces reflected  
glare 30 to 40%



Note the 28 segments in the  
dioptric reflector, with both  
horizontal and vertical ellipses.



**Y**OU see better and easier with the PANOVISION Light because the reflector is divided into 28 sectors . . . each acting as a *separate* reflector to throw an individual beam of light covering the entire field. These 28 light beams illuminate any point from so many different angles that reflected glare from high lights is 30 to 40% less than with prewar types.

The PANOVISION also gives you cool, color-corrected, shadow-reducing light. *See your Castle dealer or write: Wilmot Castle Co., 1122 University Ave., Rochester 7, N.Y.*

*Castle*

**LIGHTS AND  
STERILIZERS**



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"All ingredients in FASSTEETH meet the official United States drug standards for purity and quality."  
Gum Karaya N.F. VIII, Sodium Borate U.S.P., Oil of Peppermint U.S.P.

# ALKALINITY HELPS

Tender gum tissues, unaccustomed to the pressure of a new denture, sometimes become sensitive and irritated. FASSTEETH, buffered to maintain a mild alkalinity in contact with the tissues, checks and soothes soreness and inflammation due to chafing and hyperacidity.

When tissues are so irritated that they react unfavorably to the new denture the period of adjustment and adaptation may be prolonged unduly. FASSTEETH'S sustained and mild alkalinity helps patients to tolerate new dentures quicker and more easily.



## FASSTEETH

CLARK-CLEVELAND, INC.

Binghamton, N. Y.

OH-7

Gentlemen: Please Send Professional Samples of  
Fasteeth.

DR. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME - MORTGAGE - BANK - HOTEL - AIRPORT

Three in One  
at One Low Price

## HANDPIECE



- 1) Sterilization
- 
- 2) Lubrication
- 
- 3) Preservation

## *in the new Pelton 108* HANDPIECE STERILIZER

BRAND NEW . . . the Pelton 108 sterilizer, designed for the effective sterilization, lubrication and preservation of handpieces. Instead of water, the sterilizing medium is heavy mineral oil. Held at 250° F. by a special thermostat, the oil not only cleanses and sterilizes but also lubricates and preserves the mechanisms of expensive handpieces. It eliminates the necessity of taking handpieces apart to clean and lubricate them.

### *Prolong the Life of your Handpieces*

The 108 soon saves its low cost by reducing the need for handpiece repairs and replacements. Ask your dealer to show you the Pelton 108 today.

Zone 1—\$25.00 Zone 2—\$25.50 Zone 3—\$25.75

# PELTON

PROFESSIONAL EQUIPMENT  
SINCE 1900

THE PELTON & CRANE CO., DETROIT 2, MICH.

# Oral Hygiene

*Circulation more than 70,000 copies monthly*

VOL. 38, NO. 7

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**D-P** Controls the  
Accuracy of its  
Impression Material



but YOU Control  
the Accuracy of  
each Impression

**I**mpressions of micrometric accuracy require the best efforts of the material manufacturer AND the Dentist.

D-P Controls the accuracy of its *materials* all the way from the basic ingredient (algae) to the finished product.

Therefore, if *you* control the setting time of the material, by mixing it under conditions recommended by the manufacturer, you will assure yourself of uniformly satisfactory results and impressions of micrometric accuracy, time after time.



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**D-P THREE-IN-ONE CREAM**  
*For Full Mouth Impressions*



**D-P ELASTIC  
IMPRESSION CREAM**  
*For Partial Impressions*

**DENTAL  
PERFECTION CO.**

543 W. Arden Avenue  
Glendale 3, California

CLINICAL FINDINGS PROVE

**Advantages of**

**Forhan's** *with  
massage*

**as home adjunct in**

**GINGIVITIS**

Out of 1048 patients given individual dental examinations, 795 were found to be Gingivitis cases. 564 were first given prophylaxis. ALL were instructed to massage gums with Forhan's toothpaste.

**AFTER 30 DAYS...**

**95% of the Gingivitis cases showed  
marked improvement.**

**100% of those with healthy gums  
had maintained them so.**

In the light of these findings, may we count on your continued acceptance and recommendation of Forhan's with massage as a valuable home supplement to your professional treatment in Gingivitis?



Professional  
Samples  
Available

Forhan Division, Zonite Products Corp.  
New Brunswick, N. J.

Please send free samples for patients.

NAME.....

STREET.....

CITY.....

STATE.....

## Picture of the Month



THE HONORABLE Martin H. Kennelly, Mayor of Chicago, attends the Chicago Dental Assistants Association's luncheon celebrating the 25th anniversary of the founding of the organization. Left to right: Alderman Joseph Gillespie, Chairman of the Chicago City Council Subcommittee on Health; Mayor Kennelly; Gladys Triphahn, President of the Chicago Dental Assistants Association; and Edith Smith, President-Elect of the Association.—*Photograph by Howard A. Hartman, D.D.S.*

*Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.*



## Controlling Pain In Cavity Preparation

By **HERMAN BRODY, D.M.D.**

THE SENSITIVENESS of dentine can be obtunded in no small degree by the use of a compound which I advocate. A profound analgesia effect can be produced upon sensitive dentine for a reasonable period of time so as to facilitate cavity preparations and other dental operations such as preparations of teeth for three-quarter crowns and porcelain jacket crowns. The solution does not penetrate the enamel. It must be applied to exposed dentine to produce anesthesia.

It is also possible by means of the product of this formula to apply it to the gingivae to anesthetize them as a preparation for the

use of the hypodermic syringe.

The formula for producing the anesthetic calls for:

Methyl salicylate 30 cc.

Benzocaine 6 grams

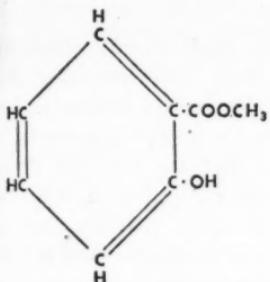
Preserve the solution in a well-stoppered, amber-colored bottle, in a cool place protected from light.

A thorough knowledge of the anatomic and histologic structures of the tooth is of great importance in the performance of dental operations. Another factor of equal importance is a knowledge of the pharmacologic action and therapeutic applications of the drugs and remedies used for this purpose.

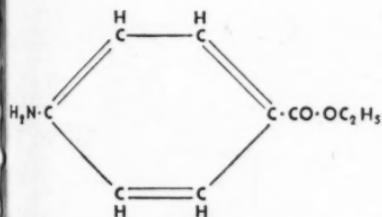
Methyl salicylate, sometimes identified as oil of gaultheria, oil

This method of modifying dentinal sensitivity may be helpful to you in your dental practice.

of wintergreen, Betula oil, or oil of sweet birch, is the methyl ester of salicylic acid. It may be obtained by the interaction of methyl alcohol and salicylic acid. It is a volatile oil with antiseptic properties. Its formula is  $\text{CH}_3\text{C}_7\text{H}_5\text{O}_3$ <sup>1</sup>, or written structurally is,



Benzocaine is the ethyl ester of p-amido-benzoic acid. The formula for this chemical is  $\text{C}_6\text{H}_4\text{NH}_2\text{COO}(\text{C}_2\text{H}_5)$  1:4<sup>2</sup>, or as written structurally,



It is also known as ethyl amino-benzoate and comes in the form of small white crystals. It is an active

local anesthetic and is not poisonous.

With a knowledge of the beneficial anesthetic effects resulting from the use of benzocaine, I experimented on direct dentinal anesthesia and discovered that the desired result may be accomplished by dissolving 6 grams of benzocaine in 30 cc. of methyl salicylate. This solution acts as a combination anesthetic, antiseptic, and dehydrating agent.

Because of its volatility, methyl salicylate is capable of being absorbed through the dentinal tubules. The benzocaine is carried with it. Anesthesia of the dentine is the result.

Anesthesia is a chemical process in which the anesthetic combines with the cell elements. In the case of this compound, the benzocaine combines with the dental fibrillae. The dental fibrillae are temporarily paralyzed and the dentist is enabled to proceed with the cavity preparation which is a difficult and tedious operation even under the most favorable circumstances.

The tooth cavity is first irrigated with a warm, bland, antiseptic mouthwash. Weak enamel, if any, is broken down carefully and the cavity is freed gently of all debris by the use of spoon excavators. The tooth is then isolated by means of cotton rolls. After the dentine has been desiccated carefully by the use of warm air, the

<sup>1</sup>The Pharmacopoeia of the United States of America.

<sup>2</sup>Loc. cit.

cavity is swabbed with a pledget of cotton saturated with the solution. Another pledget of cotton saturated with the solution is placed in the cavity. A current of heated dry air is directed into the cavity until the cotton is nearly dry. This procedure should be repeated as often as the case demands. (The efficacy of the solution is materially increased by the application of warm air.) Anesthesia usually occurs within one minute.

The cavity can now be prepared in a thorough manner, but overheating of the tooth should be carefully avoided.

A medicament for modifying dentinal sensitivity should fulfill the following requisites:

1. It should not be dangerous to the vitality of the pulp.
2. It should be effective for a

## OBAL HYGIENE AWARD

*This article by HERMAN BRODY, D.M.D., has won the \$100 ORAL HYGIENE award for the best feature published this month.*

reasonable period of time.

3. Its administration should not be too painful or complicated.
4. It should not discolor the tooth.

This desensitizing solution fulfills these requirements. It has yielded splendid results in regard to efficiency and innocuity. It is hoped that its use will prove so advantageous that it will be regarded as a valuable agent for dentinal anesthesia and a boon to dental practice.

1597 Main Street  
Springfield, Massachusetts



**"Aw quit worrying about me, mom — I know the doctor won't hurt me!"**



## So You Know Something About Dentistry!



### QUIZ XLVI

1. The optimum concentration of fluorine in water to reduce caries to a minimum effectively is (a) 240 parts to a million, (b) 500 parts to a million, (c) one part to a million. ....
2. Is serum calculus primarily of salivary origin? ....
3. In casting, the flame should be kept on the molten gold (a) until the instant of casting, (b) until ten seconds before casting, (c) until three seconds before casting. ....
4. Which is out of place? (a) epinephrine, (b) neosynephrine, (c) atropine, (d) cobefrin. ....
5. Patients with short and square teeth tend toward a (a) vertical, (b) lateral, mandibular movement. ....
6. To combat meningococcus and *Staphylococcus aureus*, is (a) a lesser concentration, (b) a greater concentration, (c) the same concentration, of penicillin needed as for *Streptococcus viridans*? ....
7. In retraction of the mandible, the condyle is carried (a) backward, (b) forward, (c) upward. ....
8. Free way space—the difference between the physiologic and physical rest positions of the mandible—is (a) 4 mm., (b) 1.5 mm., 3 mm., (c) 0.1 mm. ....
9. In incipient malocclusion of the teeth, which jaw, upper or lower, will provide more self-correction? ....
10. There are approximately (a) 2,500,000, (b) 7,000,000, (c) 11,000,000 silicate cement restorations placed yearly in the United States. ....

**FOR CORRECT ANSWERS SEE PAGE 1112**



**Courtesy,**

## **The Catalytic Agent**

**By NEIL EDWARD REARDON,  
D.D.S.**

THE ACHIEVEMENT of success in his profession is the goal of the young man embarking on a career in the practice of dentistry. That it is a difficult objective is attested to by the fact that it has proved elusive to so many after years of constant effort.

The factors most prominently considered essential to the realization of this ambition are familiar to us through repetition. Chiefly they are: (a) ability, (b) personality, (c) social contacts, (d) reasonable fees, and (e) modern equipment. All contribute to success.

Average ability must be assumed; a fundamental requisite, without which our aim must go unrealized. The other qualifications are relatively possible of acquirement and serve as admirable adjuncts to ability. Possessed in their entirety they offer a rather formid-

## **Do your patients spread good will for your dental office as a result of the treatment they receive there?**

able challenge in the quest of our goal. The struggle will be increasingly difficult and perhaps vainly fought, however, unless there is added and properly evaluated another factor of great importance; an intangible personal essential that will activate and accelerate all others. We may designate this the catalytic agent.

It is difficult to select one word that will represent this requirement accurately. I refer to that personal interest and sympathetic attitude that will cause your patient to know that during his appointment his problem is of the utmost importance to his dentist; the assurance that every available means will be employed to render his particular service in the most efficient manner possible and that every consideration will be given his comfort and convenience.

*Courtesy* in its full and intended meaning is my word of choice, and the man seeking success in the practice of dentistry would do well to insert that word immediately following ability.

### **Patient's Appreciation**

We are happy to have a patient express satisfaction with the result of a dental operation. It is equally pleasing and valuable to us to have that patient add that he is grateful for the interest we displayed; that he feels we have been careful and considerate; and that he ap-

preciates it. You may feel confident that you will continue to be the dentist of his choice for further service. This patient will enter into discussions of dentistry with his friends. It is assumed that ability is rather perfunctorily mentioned. He will emphasize your personal interest and sympathetic attitude, the thoughtfulness and consideration you exercised in his behalf. Courtesy, therefore, is one of the greatest contributions you can make toward a successful dental practice.

This may be styled idealistic thinking but its practicability becomes apparent in the review of completed cases.

### **Personal Attention**

Some time ago an appointment was arranged at my office by a patient I had not known previously. The woman was greatly distraught. She explained that her physician had instructed her to have a roentgenographic examination of her teeth and that, if the dentist recommended that they be extracted, she should proceed without delay. It was apparent by visual examination that she could not retain them safely and the roentgenographic examination confirmed this opinion.

I explained the situation to her with great care. I stressed the physical benefits she could reasonably expect to derive as a result of

the removal of these infected teeth; that every possible effort would be made to prevent or minimize discomfort; that I would be extremely careful and considerate at all times; that pre-extraction impressions would be taken as a guide for my laboratory technician and that artificial dentures that would be esthetically and functionally pleasing would be carefully constructed.

As we discussed the plan, I was able to convince her that it was not to be the ordeal she had expected. I asked her to approach it calmly and with confidence and assured her that when her treatment was completed she would be happy that she had not delayed it. I was able to accomplish something in that first appointment that was invaluable to the patient and to myself. It did not involve unreasonable promises. The difficulty of mastering artificial dentures was not minimized, but success through persistence was assured.

The next appointment was arranged and preoperative sedation provided. The case had been discussed with my dental assistant and she had been instructed that we were to see the patient without delay. At that time I devoted a few minutes to comforting her before administering a general anesthetic. The extractions and her recovery from the anesthetic were uneventful. The patient was pleased to know that her teeth could in fact be removed without pain.

It was then explained to her that

she should not anticipate any different experience during the subsequent extraction appointments. Her approach to the problem from then on was perfect. She remained in the office until fully composed, postoperative sedation was arranged, and she was advised that I would call later in the day to talk with her. A postextraction appointment was given and she was dismissed. The same courtesy was extended this patient throughout the entire procedure. Immediate dentures were inserted.

### Courtesy

When this patient's treatment was completed, I was deeply impressed by her most sincere expressions of gratitude. The technical results of my dental operations had been satisfactory. I feel assured, however, that the fullness of her loyalty and confidence was gained primarily by my personal interest and consideration for her comfort and convenience—by courtesy.

On repeated occasions since the completion of her dental services, I have had tangible supporting evidence of the fact that she is a goodwill emissary of my office. Patients have said, in effect, "Mrs. — told me how kind and considerate you have been to her and I would like to have you do my dental work."

Efficiency in dental operations must always remain the first contribution toward a successful dental practice. Similar results, how-

ever, are obtained under entirely different circumstances and environments. The office that is modernized in its administration; coldly impersonal; disdainful of consulting the patient's wishes or plans; wanting in personal interest and sympathetic attitude, may offer equally satisfactory technical results, but the spontaneous warmth of gratitude and appreciation will not have been gained. Lack of courtesy is indeed a great liability to that office.

#### Careless Office

There is another environment—the office that is in complete contrast to the ultramodern, and more readily discarded by patients—the careless office. No system, no planning, hasty examinations, impulsive decisions—dental operations may be performed by that dentist to the utmost satisfaction of the patient, but again, good will, that great artery of nourishment to a dental practice, is lost. Personal interest and consideration (courtesy) have been omitted.

Everyone wishes to be appre-

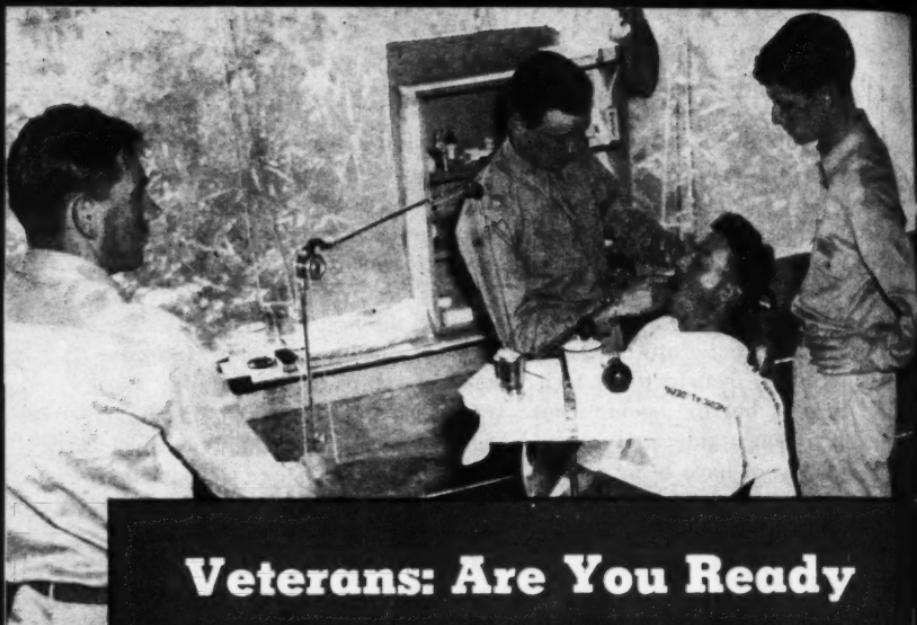
ciated. Patients consult us because they have a problem that they believe we can solve. From the moment we accept a patient until that treatment is completed, we should perform his dental operations to the best of our ability. We should display personal interest and a sympathetic attitude; remembering that he is just as concerned, as fearful, apprehensive, and worried over the methods employed and the results obtained as we would be were we in his position.

The patient who presents himself to us for an examination and consultation has honored us. Consider that he has given thought to the matter and has selected the dentist of his choice. Justify that confidence and show appreciation to that patient. Give generously of your skill and courtesy remembering always that the seed of gratitude, planted as it will then be by this patient, will yield good will that will nourish your practice and promote its growth.

502 Warren Street  
Hudson, New York

#### WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



## **Veterans: Are You Ready To Return To Service?**

**By EMIL H. BOLLWERK, D.D.S.\***

INCREASING tension in international relations has forced us to begin to think in terms of preparations for a possible war. Just how are we dentists going to fit into the preparedness picture? Can we anticipate an enlarged sphere of service for the Dental Corps? If we are frank with ourselves, the answer must be "No." Despite large discussions, many promises and plans, little has been done to assure the dentist who may be recalled to the Service that he will serve under just and equitable terms.

\*President, National Dental Veterans League.

Have you heard of the recommendation made at the last meeting of the Board of Trustees of the American Dental Association held at the Stevens Hotel in Chicago? The Committee on Committees recommended that the Board request the Committee on Constitution and Bylaws to prepare an amendment which will delete the Committee on Military Affairs from the Association's list of committees, and that the present constitutional duties of this Committee be assigned to the Committee on Legislation. The Board voted to adopt the recommendation. The Committee recommended that: "The request for an addition-

**Dentists are urged by President of National Dental Veterans League to plan now for a future emergency.**

al appropriation of \$200 by the Committee on Military Affairs be *not* allowed."<sup>1</sup> It was voted to adopt the recommendation. These are direct quotations from the minutes. Veterans: how do you like that?

This is done at a critical time when the President of the United States and General Eisenhower have asked Congress to enact legislation to draft men between 18 and 26; when we are making a great preparedness effort, politically, economically, and by propaganda in the press and on the radio. Furthermore, the proposed new legislation on Selective Service will exempt *all* those veterans between the ages of 18 and 45 who have eighteen months of service in the armed forces *except* the physician, dentist, and veterinary. It seems to me that we need someone to look after the affairs of the dental officers; that is, someone within the framework of the American Dental Association. At this time we should think about expanding the Committee's activities instead of discontinuing them.

We all know by bitter experience how hopeless the situation will be again, once mobilization is started. I feel that this move was poorly timed. It not only causes embarrassment to the sincere and

conscientious members of this Committee, but could also cause serious side effects. This Committee operated with no funds this past year. Surely, the \$200 asked for expenses is not a great deal considering that of the 20,000 dentists who served in the armed services about 18,000 were members of the American Dental Association. It is not, however, my intention to criticize the former Committee members for not doing a good job. During the war period little can be done by way of legislation. Now is the time to fight for legislation!

I am wondering if it could be that official pressure was brought at the national level because the present Committee is so heatedly working to attain much needed legislation for the Dental Corps of the armed services; particularly with the view to obtaining complete dental autonomy and parity with the Medical Corps. Could these high officials have made commitments in the opposite direction?

**Inquiry Proposed**

It might be of interest to you to know that the Committee on Military Affairs had proposed an investigation to ascertain who was responsible for the arbitrary requirements (production dentistry) at many of the installations during the war period and if and when

<sup>1</sup>Minutes of the Meeting of the Board of Trustees of the American Dental Association, Chicago, February 7, 1948.

this should happen again, who will review and decide what action will be taken for such a misdemeanor.

The fact that every tooth that was treated by a dental officer during the last war was ruled to be "service connected," and the Veterans Administration ruled that "service-connected" teeth were to be re-treated or restored at government expense, is an indictment not only of the Dental Corps but also of organized dentistry itself. It has cost the taxpayers millions of dollars to correct the mistakes caused by the "brass" who sanctioned production dentistry.

Further, the poor response of dentists to joining the Army or Navy Dental Corps is indicative of the resentment of the dentists against quota dentistry, discrimination in the interpretation of the pay increase bill, appeasement legislation, and lack of autonomy and parity.

Fellow-veterans, I feel sure that if this matter were brought to the attention of the Military Affairs

Committee of your State association, they would recommend that their Association go on record as opposing the dissolution of the American Dental Association Committee, and the State secretary could instruct the delegates to the National Convention to vote accordingly when the matter is brought before the House of Delegates of the American Dental Association in September. The trustee of every district should also be advised of the sentiments of the State organizations on this important matter so that they, too, will vote against the proposal.

Fellow-veterans, *ACT NOW*. Get in touch with the chairman of your State Military Affairs Committee. Explain your point of view to him. Ask the support of your colleagues who stayed at home during the war. I believe that they are sincere in their often-expressed desire to help you. This will be an opportunity to test their sincerity!

805 South Side National Bank Bldg.  
St. Louis 16, Missouri

### CAN YOU USE A DOLLAR?

To **EVERY READER** who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News* (see page 1098), we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to *Dentists in the News*, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



## Dental Offices In Puerto Rico

Photographs by  
**HOWARD A. HARTMAN,**  
**D.D.S.**

**Doctor Miguel Pastrana, Jr., (upper right)** practices dentistry in Rio Piedras with his father (left) who is a graduate of the University of Michigan School of Dentistry, a Past-President of the Puerto Rican Dental Association, and has been a member of the Board of Directors for about twenty-five years. He is a veteran of World War I; having retired from the Service as a Captain. Doctor Miguel Pastrana, Jr., received his B.S. degree from the University of Puerto Rico, and his dental degree from the University of Michigan in 1940. He served in the U.S. Army four years; achieving the rank of Major.

**Doctor Pedro A. Morell (right)** is a graduate of Louisville College of Dentistry (now University of Louisville, Kentucky) and a member of the International Academy of Odontology. He practices dentistry in San Juan.





## Dentists in the News

*St. Louis (Missouri) Globe-Democrat:* When Doctor Elmer G. Kesling, Dexter, Missouri, dentist, went to his bank to deposit a patent royalty check recently, the cashier said: "We don't want that much money." And so he had to take his check for \$310,486.08, plus "a little one" for \$34,407.97 in interest, elsewhere. These checks are the result of his winning a five-year court fight against the Bendix Corporation.

In 1936 Doctor Kesling invented a vacuum booster mechanism for shifting gears which has been used on Chevrolets since 1938. Since the mechanism is still being used, there are more royalties on the way.

When asked what he planned to do now, this 66-year-old dentist replied: "Well, I'm not going to retire. Lots of fellows I know have more money than that and they're still working. Course I may take more vacations. But you know I did tell my girl in the office the other day, 'After this let's not have any more patients after 4 o'clock—we'll lock the door like they do at the barber shop. After 4 nobody gets in unless they got a real bad toothache!'"

*Profitable Hobbies:* After doing a little stamp trading with neighborhood boys, Doctor Wells Baade, a New York dentist, began to wonder about the excitement created by collecting old postage stamps. He spent some time studying the subject at the library and he made some inquiries. When he asked one of his patients how a person got started on this particular hobby, the

patient replied: "Join a correspondence club. No matter what you have, someone is collecting that item and will trade stamps for it."

Doctor Baade checked lists of correspondents in foreign countries which



he found in several magazines and chose ten people in queer places and with queer names. Two months later his answers began coming. He received not only stamps but eager letters. A woman in Madagascar wanted flower and garden seeds and her brother needed asthma medicine. A boy in Dominica, British West Indies, wanted a baseball cap. Another, from the Gold Coast in Africa, wanted a rabbit's foot and a prayer.

At first it seemed to be an expensive hobby to send gifts costing several dollars in return for a few canceled postage stamps. But in time the stamps often proved more valuable than the gifts. Rarity is what makes a stamp valuable. When only a few are printed in an edition, they become valuable almost at once.

For several years Doctor Baade corresponded with another dentist in Suriname, Dutch Guiana. In 1939 this practitioner with his wife and daughter

stopped in New York on their way to Holland and called on Doctor Baade. Many others with whom he has become acquainted through correspondence have also called on him. He has had visitors of almost every race and color; a young girl from the Bahamas, a woman from Montserrat, a man from Liberia, and the son of a friend in Guatemala.

Though Doctor Baade's collection is now valuable, its money value cannot compare with the pleasure it has given him. "I could go to any of the four hundred geographic areas of the world where postage stamps are issued, and there I could find a friend gained through correspondence," he reports.

*New York (New York) Times:* Doctor John B. (Jock) Sutherland, college and professional football coach with a degree in dentistry, died recently in Pittsburgh, Pennsylvania, at the age of 59 following an operation for what his physician stated was a malignant brain tumor.

At the time of his death Doctor Sutherland was coach of the National Football League's Pittsburgh Steelers. He was on a combined pleasure and scouting trip when he was taken ill in Kentucky from where he was flown to Pittsburgh.

Doctor Sutherland's colorful career in the sports world began in Scotland where he was born. There he learned to play rugby and soccer. He came to this country in 1907 at the age of 18 and settled in Pennsylvania. After working seven years he entered the University of Pittsburgh where he gained fame first as a player and later as a coach. He played in the first college game he ever saw, and was a member of three undefeated teams under Glenn S. (Pop) Warner.

During fifteen years as coach at Pitts-

burgh, he led four teams to the Rose Bowl. A fifth team turned down a Rose Bowl bid. His record as Pitt's coach was 111 victories, twenty defeats, and twelve ties.

In 1940 Doctor Sutherland became coach of the Brooklyn Dodgers. Six years later he became coach of the Pittsburgh Steelers, the team in last place. Last year he coached the team to a tie for the Eastern Division title in the National Football League.

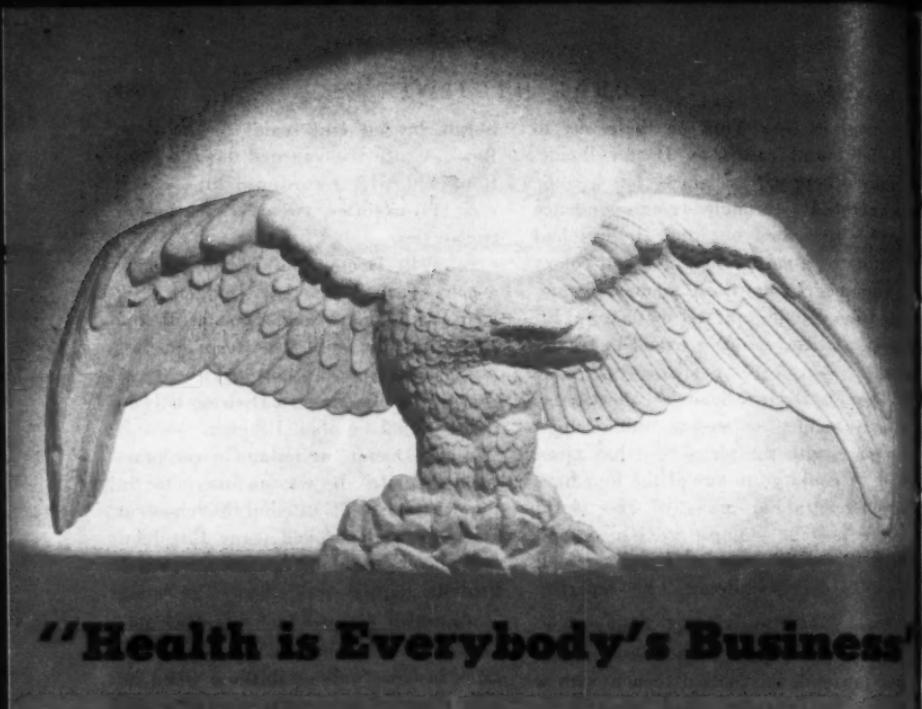
While Doctor Sutherland never practiced dentistry, he was an instructor in the University of Pittsburgh School of Dentistry and coached many Pitt football players who later became successful dentists.

*American Home:* At 8 years of age, Doctor O. L. Gabriel's love for carnations became well established when he sold them to passengers aboard trains standing in a railroad station. For the last thirty years he has studied them and their literature and compared notes with other growers.

He began raising them in his backyard in 1934. At first he grew standard varieties propagated by cuttings; and later improved seedlings, the result of his own hybridizing. He now has about one hundred varieties to his credit, and at last year's San Diego County Fair he won first prize for general carnation exhibits, plus twelve blue ribbons for single specimens.

*New York (New York) Herald Tribune:* When a Judenburg, Austria, dentist returned to his office not long ago, he found that a thief had stolen his gold. The thief also had bitten into an apple on the dentist's desk and then left it with the marks of his teeth in it. From the apple the dentist made a plaster cast of the thief's teeth.

Some weeks later a patient was seen  
(Continued on page 1113)



## **"Health is Everybody's Business"**

AT THE SUGGESTION of President Truman a National Health Assembly was called in Washington in May by Mr. Oscar R. Ewing, Federal Security Administrator. The Assembly met to consider a ten-year health program for the American people. More than eight hundred delegates were in attendance. The Assembly was financed to the extent of \$45,000 from private sources. The delegates paid their own expenses or their expenses were paid by the organizations that they represented. There were no allocations from federal funds. The dental profession was represented on the Executive Committee of the Assembly by Harold Hillenbrand, General Secretary of the American Dental Association.

Chairman of the dental section was Ernest G. Sloman. Among the 800 delegates thirty-three were dentists.

Nothing startling came out of the Assembly. The delegates reached agreement that government money should be spent for research, for the training of professional personnel, for the encouragement of contributory health insurance programs, for the enlargement of local health units. The controversial subject of compulsory health insurance did not reach open discussion in the general sessions. Voluntary group health insurance plans were acclaimed in these words:

"The principle of contributory health insurance should be the

**A report on the National Health Assembly, convened to study the medical and dental needs of all the people.**

basic method of financing medical care for the large majority of the American people, in order to remove the burden of unpredictable sickness costs, abolish the economic barrier to adequate medical services, and avoid the indignities of a 'means test.'

The final report of the section on dental health offered the principles and goals for dental health programs listed in the accompanying summary. (See **DENTAL HEALTH PROGRAMS**.) Specific recommendations for achieving these goals are:

**Research:** The federal government should immediately make provision for expanded research in the field of dental health. The federal government should also make funds available for administrative research to plan and conduct studies and experimental programs in selected communities to evaluate various types of dental care programs for such groups as school children, the indigent, low income groups, and residents of rural areas. Such programs should include various types of voluntary prepayment plans, part-payment programs, preventive care programs and the development of various methods for providing dental care to children on different economic levels.

"A commission should be created to define standards for dental health care more explicitly.

**"Dental Health Education:** Further experimentation on the part of all agencies in the techniques of dental health education is essential so that authoritative dental health facts can be selected and interpreted in understandable terms for all levels of society. Additional courses in dental health education should be provided in all institutions which train personnel for the fields of health and education.

**"Dental Health Services:** The dental profession should utilize to the fullest extent the following measures of prevention and control together with such extensions as advancing dental science may reveal:

1. Routine prophylaxis and examinations.
2. Topical applications of sodium fluoride.
3. Utilization of diagnostic aids, such as *Lactobacillus* counts.
4. Completion of all indicated dental treatment.
5. Full utilization of preventive orthodontics.
6. Development of programs to combat the environmental hazards associated with occupations.

**"Financing Dental Health Care:** When indicated by needs established at the local level, federal and state governments should participate in financing dental health programs. In all cases, local communities should determine policies governing such programs.

"Federal compulsory health insurance should not be employed as a means of providing dental health care.

*Dental Personnel:* To offset the current shortages of dental personnel in the United States, federal aid should be granted to dental schools in the form of scholarships and fellowships and dental schools should be operated at full capacity. Federal grants should be made available to all accredited dental schools for the construction and equipment of dental facilities and for assistance in maintenance and operation and research. Federal aid should not supplant but should augment state, regional, and private support of dental schools. In all cases, federal grants should not imply any form of intervention in the management or control of the recipient institution.

"Encouragement should be given to the admission of qualified Negro students to dental schools and effort should be made to expand the opportunities for Negroes to secure dental education.

"Additional courses should be established for the training of dental hygienists, assistants and technicians under the auspices of accredited dental schools or other educational institutions operated on a nonprofit basis.

"In any program for the procurement of additional dental services for the population, present high standards of dental practice should not be reduced."

In contrast to a similar confer-

ence held in Washington in 1938 at the call of President Roosevelt, the conference of 1948 was less emotional in tone. The areas of agreement between the delegates were more definite and pronounced. A friendlier spirit of cooperation prevailed. Both the providers and consumers of health service appeared to take seriously the statement by Mr. Ewing, "Health is everybody's business." Although Mr. Ewing is a frank proponent of compulsory health insurance as is President Truman (who appeared and spoke informally at one session), there was nothing on the surface to indicate that an attempt was being made to influence the recommendations of the delegates. The dental section, in fact, definitely opposed federal compulsory health insurance.

The National Health Assembly is a private, nonprofit, organization and is not an official agency of the government. The conclusions and recommendations made by the delegates are not binding on Mr. Ewing who will submit a ten-year health plan to President Truman that may or may not embody the recommendations made by the Assembly. At the best the Assembly was a conference of interested workers in the health field who came together at their own expense to discuss problems and to make recommendations. At its darkest the Assembly might be interpreted as representing a group of innocent people who met to debate subjects and who were used

## DENTAL HEALTH PROGRAMS

### PRINCIPLES:

1. *Research*: Adequate provisions should be made for research which may lead to the prevention or control of dental diseases.
2. *Dental Health Education*: Dental health education should be included in all basic educational and treatment programs for children and adults.
3. *Dental Care*: (a) Dental care should be available to all regardless of income or geographic locations as rapidly as resources will permit. (b) Programs developed for dental care should be based on the prevention and control of dental diseases. All available resources should first be used to provide adequate dental treatment for children and to eliminate pain and infection for adults. (c) Dental health is the responsibility of the individual, the family, and the community, in that order. When this responsibility, however, is not assumed by the community, it should be assumed by the State and then by the federal government. The community in all cases should determine its methods for providing service.
4. *Participation in Program Planning*: In all conferences that may lead to the formation of a plan for dental research, dental health education, and dental care, there should be participation by authorized representatives of the dental profession.

### GOALS (to be reached during the next decade through these principles):

1. Prevention of dental disease through the application of effective preventive techniques.
2. Control of dental diseases by making dental treatment and dental health education available to every child as rapidly as resources will permit.
3. Increased facilities for dental care in all hospitals and health centers.
4. Improved distribution of dentists between urban and rural areas and an increase in the number of qualified dental practitioners in the Nation.
5. Training and utilization of additional auxiliary personnel—dental hygienists, dental assistants, and dental technicians.

as a sounding board to give emphasis to preconceptions held by government workers in the health field. Mr. Ewing's statements at the general session and at his press conference, however, were forthright and free. The health professions will watch with interest the nature of his report to President Truman.

A commentator, Mr. Quincy Howe, in his report to the Assembly said that the basic health needs are "funds and people"; funds to carry on research, treatment, subsidize professional training, and to equip institutions; people in sufficient number and adequately trained to give all our citizens complete health care.

Mr. Howe described dental

treatment as "the biggest part of our medical bill." The magnitude of the load may be seen from the following estimates given to the Assembly by the dental section:

The children of the United States between 2 and 18 years, at present, require 279,000,000 individual tooth restorations. Each year this same group requires 33,000,000 new restorations. Each restoration requires 16.8 minutes of a dentist's time.

The section on dental health of the National Assembly has gone on record: "Dental care should be available to all regardless of income or geographic location as rapidly as resources will permit." Such a program certainly will require "funds and people."

### **NORTH CAROLINA NEEDS DENTAL SCHOOL**

THE NORTH Carolina Dental Society, at its annual meeting in Asheville, adopted a comprehensive report which urged the establishment of a school of dentistry at the University of North Carolina at Chapel Hill.

According to this report, the 1947 estimate of 3,800 persons per dentist in North Carolina as compared to 1,800 per dentist nationally indicated that the state needed more dentists.

"It is clearly evident that North Carolina already faces a great shortage in dentists and that, unless a dental school is established soon, the situation will become even more serious, due to the fact that most of the dental schools are now sharply restricting the number of students admitted from other states," the report stated.

The plan recommended provided for the training of at least fifty Negro dental students in a school to be established at a suitable location.

The report also recommended meeting rural dental needs by "concentration of efforts in dental health education in areas which have the greatest need for dental personnel; organization of voluntary prepayment plans for meeting the cost of dental care; increase in the use of auxiliary dental personnel in needy areas; and guidance of new registrants who are seeking a location within the state."

**This information regarding the facilities for postgraduate training by telephone may be helpful to your dental society.**



# **Dental Postgraduate Course By Telephone**

**By JOSEPH P. O'BRIEN**

**DENTISTS ARE** going back to school —by telephone. Practitioners in Louisiana and Pennsylvania may hear an important discussion on "Cancer Control" from speakers hundreds of miles away. It is possible, too, for groups in widely separated cities to ask, and answer, questions.

The telephone's role in dental education was demonstrated forcibly when twenty members of the Scranton (Pennsylvania) District Dental Society<sup>1</sup> "attended" a series of lectures on "Caries Control" given at the University of Illinois College of Dentistry in Chicago. They "sat in" on sessions by means of a long-distance telephone call.

At the Scranton end, a loud-speaker, associated with the telephone instrument, was used to amplify the voices of the Chicago lecturers. As the voices of Doctor Robert G. Kesel and other specialists traveled 800 miles over telephone wire, slides (expressed to Scranton) were flashed on a screen.

One Scranton dentist remarked: "Sitting in the darkened room watching the screen, and hearing the lecturer's voice over the 'phone, you forgot that the lecturer was

<sup>1</sup>Dentists Take Long-Distance Postgraduate Course,  
ORAL HYGIENE 38:226 (February) 1948.

far away. You thought he was in the same room."

Doctor Kesel, Professor of Therapeutics at the University of Illinois College of Dentistry, well-known lecturer and Chicago practitioner, and President of the Illinois State Dental Society, said the initial telephone lectures worked out "wonderfully well." This dentist, who travels extensively on lecture tours, points out that the courses by telephone save time and travel.

Dentists received the telephone "clinics" so enthusiastically that Scranton and New Iberia, Louisiana, dental groups later "attended" by telephone a six-weeks lecture series on "Cancer Control." The sessions were held at the University of Illinois College of Dentistry under the direction of the College and the American Cancer Society.

There are several telephone methods by which a dentist can "attend" school, hear a lecture, or enter into a discussion.

A normal long-distance telephone call may be used with loud-speaker and microphone attachments on the regular telephone line. This was the type used on the Chicago-Scranton course on "Caries Control," with a microphone and amplifying equipment in Chicago and loud-speaker at Scranton.

There is also a "conference call." This is when three or more points are connected on a circuit. For instance, a large insurance company recently desired to have

employees in seventy-six branch offices hear the president of the company speak. The insurance company notified the local telephone company of its plans. Associated Bell System companies throughout the United States began to make arrangements. Telephone men gathered data on the size of the local audience, equipment and technician requirements, and looked over the locations. This information was coordinated and the schedule completed quickly and efficiently. A local "conference call" also can be set up on a switchboard, such as is used in many business offices.

The best way to arrange for a telephone "conference" is through the local telephone company office. The telephone company will carry on from there, according to prevailing conditions.

Most telephone programs of this kind are "custom built." That is, no two calls are exactly alike. Distance, size of audiences, the number participating in the discussion, the particular type of circuit needed, and other factors determine rates and equipment. Careful planning and engineering are needed to give the best possible service.

The total telephone charges for the "Caries Control" course were \$467.80. This included all service and equipment charges, the toll charges from Chicago to Scranton for the six lectures, and additional telephone charges for long-distance calls required in making the ar-

## THE COVER

**Doctor John Rogers (left), Executive Director of the Illinois Division of the American Cancer Society, and Doctor Isaac Schour (right), Associate Dean in charge of the Postgraduate School of the University of Illinois College of Dentistry, lecture in Chicago by telephone to Scranton, Pennsylvania, and New Iberia, Louisiana, dentists. This was the first session of a postgraduate course on "Cancer Control" under the direction of the College of Dentistry and the American Cancer Society. C. J. Jackson (wearing headphones) and H. E. Bestow, Illinois Bell Telephone experts, check the equipment used for the lecture.**  
—Chicago Sun-Times Photograph.

rangements for the course. Each of the twenty members of the Scranton Society who attended paid \$25. This \$500, plus an additional revenue of \$10, covered the entire expenses of the course. Material such as slides and photographs used for the course cost \$35.24.

It is important to remember that telephone calls involving loudspeakers must be restricted to members of a particular organization or group because government regulations prohibit the pub-

lic from "listening in" on telephone calls. This, too, is in accordance with established Bell System policy regarding necessary limitations on the use of loudspeakers in carrying telephone conversations. Thus, "conference calls" should be held in locations where the discussions are heard only by those in the certain group for which they are intended.

Room 1903  
212 West Washington Street  
Chicago 6

### BRITISH DENTISTS OPPOSE NEW HEALTH SERVICE

FROM THE dentist's point of view, there are objections to providing dental treatment under the New Health Service. There is, for example, the question of submitting an estimate of his proposed treatment to a government committee—the Dental Estimates Board—for approval.

This Dental Estimates Board consists of five full-time dentists, two part-time dentists, two lay members, and an unspecified number of clerks. They will have to approve as many as 150,000 dental estimates a day.

Obviously most of the "approval" will be given by lay clerks. Dentists with many years of training and experience who want to extract four teeth and provide a small denture to replace them will have to delay the start of treatment until a Civil Service clerk has given them permission to proceed.—H. PARKER BUCHANAN, Dental Secretary of the British Dental Association, *London Daily Mail*. (EDITOR'S NOTE:—This sounds like our own Veterans Administration dental program.)

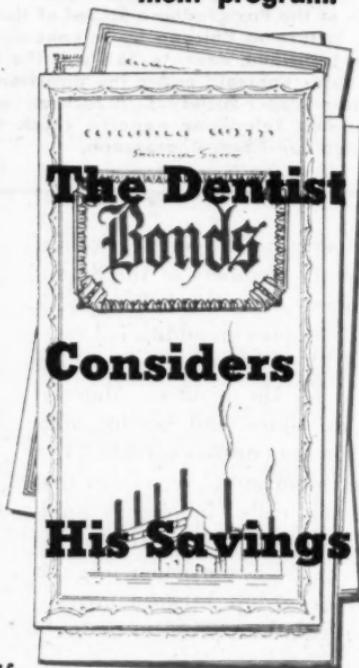


**By M. R. STERN, D.D.S.**

IN OUR PRESENT economy, and if events in other nations are a forecast of the trend, the odds against one becoming wealthy are enormous. Powerful forces—too many of them—operate to one's disadvantage. However, it should not be too difficult, through careful planning and persistent watchfulness, to obtain good, long-term reward for diligence and thrift.

It may be hoped that recent years of overcrowded reception rooms and filled appointment books have left the overworked dentist tired but rewarded. When, during slack periods, he takes inventory and gives thought to what

**These suggestions may help you plan a profitable investment program.**



he has accomplished in the direction of his personal betterment, he will be gratified to learn he has emerged from a hectic period with balance sheet showing an improved cash position. The dentist should have saved some money. In fact, he should have more savings now than at any time in the recent past. And he should be contemplating seriously the problem of preserving these savings. He has but to recall the prewar years to become aware of the speed with

which business conditions can change and effect his income.

Those who decreed that small money be round may have had in their Machiavellian minds the ease with which it may slip through the fingers and roll fast and far. Big money was designed differently. Flat, light, and beautifully engraved, it is pleasant to behold, convenient to stack, and comfortable to store. But it is subject to theft or destruction, and its value may be raised or lowered by decree. It is wise, therefore, to pass money on to others as quickly as one gets it either for the purpose of safekeeping or in exchange for things or values that are more tangible and more permanent.

Money is relative; its value is relative to the value of the things one wants. When money seems plentiful and easily acquired, it usually buys less. When it is hard to get, everybody everywhere seems to offer more for it. It is, then, the buying power of money —its "exchangeability" for goods —and not the engraved numerals which represents its true value. It should be recognized, furthermore, that the trend of this purchasing power is downward. While there are short periods when this trend seems to reverse, over the long term the dollar becomes cheaper —buys less and less.

#### Fixed Dollars

During an inflationary period, fixed dollars such as bank savings, life insurance cash values, bonds,

and mortgages automatically depreciate because of reduced purchasing power. Calculated to provide carefully planned protection and a decent living, their values may be reduced to allow only a mere subsistence. Deflation penalizes these fixed dollars, too, but for different reasons. For a while they may benefit because of lower prices. But, should the deflation continue, the devaluation of money units threatens and again these fixed dollars suffer. Should an inflationary progression be superimposed upon devaluation, misery and chaos would be mild terminology for the situation. People do not like inflation but they fear deflation. Savings placed in what are considered the safest places are subjected to risk of loss not because banks and insurance companies will fail to pay but because funds in their care may be worth less in terms of goods.

If the dentist has been putting aside funds in the most conservative types of investments, he may find these efforts to provide a living in later years frustrated. He may have to revise his understanding of the prudent use of savings and determine if there are not other ways for their proper preservation. The psychology of "muddling through somehow" is dangerous.

#### Saving Savings

Today's savings are the result of yesterday's hard work, sacrifices, and self-denials, for the purpose of

tomorrow's wants and hopes. It has been shown how one's saved dollars are capable not only of doing less work than were the dollars of the past, but are also subject to risk in the future. It becomes necessary then to put savings to work to produce more dollars. An ideal and sound program should seek to minimize risk, to increase current and future returns, and to improve prospects for appreciation. Such a program can be approached by two separate plans which, when combined, should almost automatically give gratifying results.

### Defensive Program

The first part of the plan is defensive in nature. Generally worry-free, it implies renting or lending savings to others. The dentist rents out his savings when he deposits them with a bank or life insurance company. They pay him a small interest as rental fee and promise to return his dollars, depreciated or otherwise, when he demands them. Or he can lend out his savings to borrowers, private or institutional, and get a bond or a mortgage which is backed by collateral. Here, too, a small interest is paid and the principal is paid back at the end of a special period of time.

These and similar categories such as building and loan association investments, annuities, government bonds, and others, are the safest places for funds. Because experience has demonstrated these to be comparatively small in risk, the rate of return is likewise small.

It takes large sums to produce income from these sources sufficient for future livelihood. Even a single default—the riskless haven for funds has not yet been discovered—would impair or even wipe out years of accumulated earnings. It may be remembered when United States Liberty Bonds sold at a discount of 20 per cent.

This defensive program is likely to prove insufficient and disappointing because, if conservation of capital is the primary objective, as it should be, then conservation of a depreciated capital is similar to taking a loss. Nevertheless, these sources do have a definite place in a plan for savings. They are to be used as a depository for funds over short periods to tide one over a time of change or uncertainty—never as the sole source of providing a luxurious living in retirement and old age if one expects to live a long time.

### Aggressive Program

The second approach is to adopt a more aggressive attitude. Its aim is capital conservation plus capital appreciation. Its purpose is a higher yield and also a profit. Both add up to the desired result, namely growth of capital—more dollars. Participation in an aggressive program must of necessity involve greater risk but the reward should be correspondingly greater.

In this category savings are put to work by going into business with them. This does not mean a business necessitating the manage-

ment and supervision by the dentist which would only take time and effort from his practice. It does mean buying into industry and commerce; buying a partnership in the future of American enterprise. Even more, buying into the largest and most successful corporation can be likened to employing the most capable and shrewdest minds of the country to manage and supervise the dentist's small savings.

For many, a comparatively judgment-free approach is through the medium of investment trust shares. These provide and simplify the selection and supervision of buying into big business, and at the same time offer the additional advantage of wide diversification.

Buyers do not make a profit! Only sellers do! Therefore, somewhere in this aggressive program there comes a time for selling in order to clinch profits. Briefly, such a time may be recognized when prices are high, production at capacity, and earnings and dividends at their best.

### Formula Plans

By combining the aggressive plan and the stabilizing and defensive approach into one over-all program, one approximates the ideal in that it is sound, reduces risk, and enhances prospects of appreciation and yield. The dentist who has accumulated savings, and is able to discipline himself to set aside regularly a part of his earnings for investment over long

periods, may well look into the policies of our universities and foundations regarding the investment of their endowed funds. These follow what are becoming known as Formula Plans. Insurance and trust companies also work along similar lines.

There are the Yale, Vassar, Keystone, and other plans. Each has its individual policy and objective. Briefly, funds are shifted from the aggressive part of the plan to the defensive when equity prices are high and profits have accrued. Then when prices are low and opportunities are present, funds are moved from the defensive elements to the aggressive side. As new savings become available, at intervals, the formula plan immediately acts as a guide as to the proportions to be allocated to the aggressive and the defensive sides.

This program is not completely riskless but it goes far to reduce errors of judgment in the timing of moves and would relieve the dentist of the turmoil and influence of emotional decisions. The greatest advantages of this plan will be derived when the defensive side has maximum stability while the aggressive side is made up of volatile equities. However, on a more conservative basis, it can produce satisfactory and worry-free results with the more seasoned but still growing corporations representing a cross section of the economy of the Nation over the foreseeable future.

To the dentist who thinks ahead

in terms of ten, twenty, or more years, it should make little difference at what level of the business cycle he starts his program for preserving his savings. Carried out with regularity and consistency, the results at the end of long periods should be better than

average. He adopts his plan and lets it work for him. His mind and time are free for other interests. His savings work for him at all times. Let the economy rise or decline, the dentist has put himself in a position to benefit.

2945 Avenue T  
Brooklyn, New York

## SO YOU KNOW SOMETHING ABOUT DENTISTRY!

### Answers to Quiz XLVI

(See page 1089 for questions)

1. (c) one part to a million. (Accepted Dental Remedies, 12th Edition, American Dental Association, 1946, page 78)
2. No—it is the precipitation of lime salts from an exudate in gingival inflammation. (Stillman, P. R., and McCall, J. O.: A Textbook of Clinical Periodontia, 2nd Edition, MacMillan, 1937, page 93)
3. (a) until instant of casting. (Tylman, S. D.: Crown and Bridge Prosthesis, Mosby, 1940, page 402)
4. (c) atropine—the others are vasoconstrictors. (Accepted Dental Remedies, 12th Edition, American Dental Association, 1946, page 128)
5. (b) lateral. (Tylman, S. D.: Crown and Bridge Prosthesis, Mosby, 1940, page 84)
6. (b) greater concentration. (Finland, M.; Mead, M.; and Ory, E. M.: Oral Penicillin, J.A.M.A. 129:315 [September 29] 1945)
7. (a) backward, and (c) upward. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, 7th Edition, Lea & Febiger, 1942, page 29)
8. (b) 1.5 mm.-3 mm. (Shohet, Harmon: Mouth Rehabilitation and Bite Raising, J.A.D.A. 33:964 [August] 1946)
9. Lower jaw. (McBride, W. C.: Juvenile Dentistry, 2nd Edition, Lea & Febiger, 1937, page 254)
10. (c) 11,000,000. (Zander, H. A.: The Reaction of Dental Pulps to Silicate Cements, J.A.D.A. 33:1233 [October] 1946)

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**DENTISTS IN THE NEWS** (Continued from page 1099)

ting in the dental chair. When the dentist examined the patient's teeth, he thought they looked familiar. He brought out the plaster cast—and then called the police.

*San Francisco (California) Chronicle:* Coached by Doctor Miles Hudson, a practicing dentist, California's powerful rugby team ended a successful season recently when it defeated for the second successive time the Vancouver Reps, an all-star team from British Columbia. Thus the California Bears have played seven international games this season against three top teams from countries where rugby football has been played skillfully for many years.

*Buffalo (New York) Courier-Express:* Howard University, Washington, D. C., recently received \$403,063, the residuary estate of Doctor Louise C. Ball, an oral surgeon who died in 1946. The money is to be used to establish a fellowship in dentistry for faculty and alumni members.

Doctor Ball also left \$50,000 to the School of Dental and Oral Surgery, Columbia University, and \$25,000 each to Memorial and Lutheran Hospitals in New York City.

*Pittsburgh (Pennsylvania) Post-Gazette:* After sixty-two years of practicing dentistry, 80-year-old Doctor Harvey C. King recently closed his office in the Pitt Bank Building. This

ended a father-son dental practice that had lasted over ninety-seven years in just two offices. The retiring dentist will now devote more of his time to the Boys' Club of Pittsburgh for which he is Chairman of the Camp Trees and the Christmas Party Committees.

Shortly before his retirement, Doctor King had three patients whom he had been treating for over fifty years call on him on the same day.

Doctor King has been a Director of the Boys' Club for over twenty years. "The Duquesne Club is my second home," he said. "I've been a member there for forty-two years. I can still play pool. My hands are still steady. Why, the Sam Hill, the young fellows over there make me play them even!"

*New Orleans (Louisiana) Item:* New Orleans' junior baseball program, under the leadership of Doctor Louis (Dutch) Legett, a dentist, is probably the largest program of its kind in the country. Doctor Legett, who is a one-time major league catcher, is this year's Recreation Department Baseball Chairman.

In planning the summer program, Doctor Legett stated: "Our aim is to have every kid in New Orleans playing baseball this summer. And one way to do this is bring the program to the boys and not expect them to come to it." The junior baseball staff expected to have 200 teams participating and 2000 games played in the course of the summer.

This month's awards for items published in DENTISTS IN THE NEWS have been sent to:

WILLIAM B. ROWAN, D.D.S., Meta, Missouri.

THEODORE KATZ, D.D.S., 2802 Grand Concourse, Bronx 58, New York.

F. H. TATLOCK, D.D.S., Oneonta, New York.

CARL OSCAR ARNBERG, 3420 Chestnut Street, Oakland 8, California.

JAMES SCHAFFO, Co. 7, V. A. Center, Bath, New York.

BERT HANLEY, 135 Ninth Street, Pittsburgh, Pennsylvania.

JOSEPH W. McDADE, D.D.S., 94 Fountainebleau Drive, New Orleans, Louisiana.



## Editorial Comment

**"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton**

### **THE BRITISH BEGIN THEIR SOCIALIZED HEALTH PROGRAM**

ON JULY 5 our English colleagues begin their servitude under the new National Health Service. This act, like other socialistic legislation, promises everything to everybody. In a pamphlet for public distribution the Ministry of Health makes these extravagant promises: "Your new National Health Service begins on 5 July. What is it? How do you get it?

"It will provide you with all medical, dental, and nursing care. Everyone—rich or poor, man, woman or child—can use it or any part of it. There are no charges, except for a few special items. There are no insurance qualifications. But it is not a 'charity.' You are all paying for it, mainly as taxpayers, and it will relieve your money worries in time of illness."

That promise sounds like complete and all-inclusive health care from conception to interment. It is inconceivable how more can be promised to everybody. But there is a joker on page three when the Ministry of Health gets down to specific conditions and announces the extent of dental care: "A dental service will be provided, but at present there are too few dentists to make a full service available to all without delay.

"After 5 July you can go to any dentist taking part in the new arrangements (there will be a list at your Post Office). You need no application form. Just call, by appointment, on the dentist of your choice when you need him. At his surgery you and he will sign a form for your treatment under the new arrangements. All necessary fillings and dentures will be supplied without fee, but if you want anything specially expensive, and beyond what is necessary, you will pay the extra cost yourself.

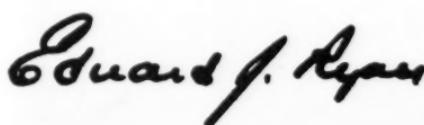
"Until a full dental service, without delays, can be made available, a special priority service for expectant and nursing mothers and young

children is being organized by local authorities (in addition to the school dental service). Full information about this priority service can be obtained at Welfare Centers."

Now just exactly what dental care do the English people receive under this National Health Service? First, they are promised *all* dental care. Then they are told that a full dental service is not presently available. They are to receive "fillings and dentures" but nothing "specially expensive and beyond what is necessary." That is double talk or whatever the British equivalent may be for going in two directions at the same time.

A service of "fillings and dentures" takes in a wide field. Not included presumably would be x-ray examinations, extractions, prophylaxes, and periodontal treatments. Can these services be called "specially expensive or unnecessary"? Most dentists will agree that such services are not expensive and they certainly are necessary for complete dental care. In the gesture to give priority service to mothers and young children we see the same kind of sentimental pandering that we find in the United States where the federal government promises maternal and child dental health care without offering tangible programs to provide such care. Under the terms of the Social Security legislation there are theoretical provisions for maternal and child dental care. Actually there is no such program. The expectant or nursing mother or a young child who needed dental care would have a hard time finding any agency in the United States that would provide treatment—except in private practice.

The present British government is no different from what we might expect of a socialistic government in the United States. A government that would promise its people more than it is prepared to deliver is as dishonest as a person who makes commitments beyond his power of fulfillment. In the immediate months ahead we in the United States may expect to hear from the candidates of all political parties the same kind of irresponsible promises for complete health care that have been made to the English people.

A handwritten signature in cursive script, appearing to read "Edward J. Ryan".



## *Portraits and Profiles*

**OF AMERICAN DENTISTS**

By HOWARD A. HARTMAN, D.D.S.



Left: Marcus Burton, General Chairman of the District of Columbia Postgraduate Clinic, addresses the opening luncheon of this meeting. At his left is the Honorable Guy Mason, Commissioner of the District of Columbia.



Left: David J. Fitzgibbon (left), of Washington, D. C., greets William McGill Burns, of Brooklyn, New York, 2nd District A.D.A. Trustee, at the District of Columbia Post-graduate Clinic.

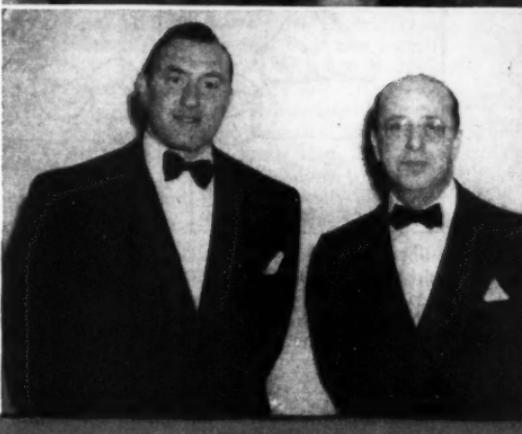


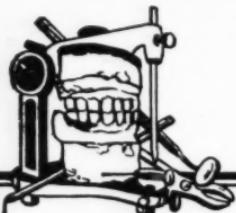
Above: Left to right: The Honorable Guy Mason, Commissioner of the District of Columbia; M. M. Alexander, President of the District of Columbia Dental Society; and Edward Leifer, President-Elect of the Society.

Right: Francis J. Fabrizio (left), Editor of *The Journal of the District of Columbia Dental Society*, and Woodson T. Birthright, of Washington, D. C.

Left: George B. Clendenin, of Bethesda, Maryland, Past-President of the District of Columbia Dental Society.

Right: John O'Keefe (left), General Chairman of the 1949 District of Columbia Postgraduate Clinic, with Edward Leifer, President-Elect of the District of Columbia Dental Society.





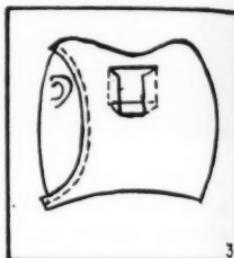
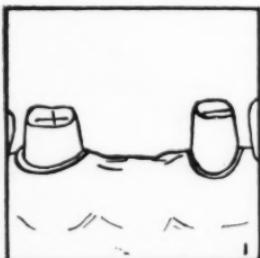
## Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling

### An Insurance Against Bridge Fractures

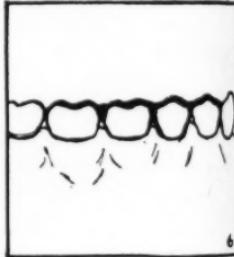
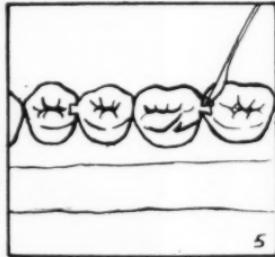
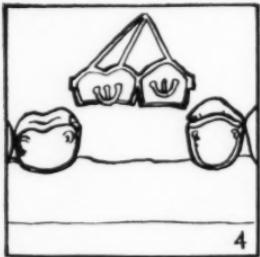
By I. FRANKLIN MILLER, D.D.S.



The case: a bridge from an acrylic-faced cast crown on the first bicuspid to a similar crown on the second molar. Prepare teeth in the usual manner.

Carve up crowns in wax, recessing the buccal to allow depth for the acrylic. Bezel the margins and make loops or ears (set well back) for the retention of the acrylic.

Make dovetailed slots on the distal of the bicuspid and the mesial of the molar as shown. Cast crown and return to model.



Lubricate the slots well and carve up the teeth to be restored. Note the basket loops and bezel for acrylic retention. Sprue as shown.

Return casting to model with abutments in place. Wax up for soldering. Solder both ends. Result is a strengthened joint not entirely dependent on solder.

Carve up in white wax the acrylic faces on crowns and pontics on the bridge. Process.



## Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

### Gingivitis

Q.—I shall appreciate your opinion about this problem. A young woman about twenty-three developed a "gingivitis gravida" during her third month of pregnancy which, instead of disappearing, has increased in intensity. It is now about a year and a half after her delivery, and her gingival tissue in a number of areas is highly inflamed, almost papillated in spots, sensitive to touch, and bleeds almost constantly.

She tells me that another dentist put her on heavy doses of ascorbic acid, peroxide mouthwashes, and other topical treatments, but with no results.

Roentgenograms indicate not much if any resorption of the gingival process below these areas of inflammation and some serum calculus which I have sealed off carefully. There is no history of dilantin medication.

What would you suggest?—M. H. B., Illinois.

A.—Merritt says that the gingivitis of pregnancy is not necessarily "peculiar to and found only in pregnancy."<sup>1</sup> He, as well as other writers, recognize that there is, in some cases, gingivitis that appears during pregnancy and disappears soon after delivery. In such cases there is a tendency for the gingivitis to return during a succeeding pregnancy.

However, your case is different, in that the hypertrophy has not lessened even with thorough subgingival

curettage, and, I suppose, careful brushing on the part of the patient. Merritt suggests that surgical removal of the hypertrophied gingivae is in order in a case like yours. A biopsy should be made to be sure the tissue is inflammatory only.—GEORGE R. WARNER.

### Parodontitis

Q.—The enclosed roentgenogram was taken recently. Any advice you can give me as to the cause and prognosis of the pocket mesially to the left central will be appreciated.

The history is as follows: A slight swelling on the palate appeared about five months ago. It disappeared and then came back again. I saw the patient about two months later at which time I took a roentgenogram and found this pocket. A vitality test was normal. I cleaned the pocket and treated it. A month later the swelling reappeared, but this time on the buccal. Pus could be squeezed out with slight pressure. An x-ray and vitality test were exactly as before. This repeated itself two months later at which time I took the enclosed roentgenogram. Vitality is normal.

The area neither increases nor decreases, and at no time has there been any pain. I have been told that there is nothing that can be done to stop its progress and that eventually the tooth will be lost.—H. F. L., New York.

A.—This vertical type of pyorrhoea pocket is the most difficult type to arrest, but we have been successful in many such cases by curetting to the bottom of the poc-

<sup>1</sup>Merritt, A. H.: *Periodontal Diseases; Diagnosis and Treatment*, The Macmillan Company, 1930.

ket thoroughly to remove all calculus from the root surface, by grinding to relieve the tooth from all occlusal trauma, and then packing the pocket with sedative cement mixed and incorporated with cotton fibers. These packs can be left in place from several days to a week, and can be repeated until there is no pus and the pocket is largely eliminated. — V. CLYDE SMEDLEY.

### Partial Dentures

Q.—I have a patient, a man aged 32, who is wearing a partial upper denture and a partial lower denture. Both dentures were constructed about two years ago of cobalt-chrome metal and acrylic; both fit well. The patient has no complaint with the fit, occlusion, or performance of these dentures.

This patient's only complaint is that, about one and one-half to two hours after a substantial meal, he has a feeling of extreme hunger, even though his stomach does not feel empty. This patient is a mouth breather. Because of this feeling, he must remove these partials between meals in order to feel comfortable.

I shall appreciate any comments or suggestions you may have on such a case or problem.—N. R. A., New York.

A.—I have never heard of such a case. It would seem to be a psychologic condition.

I think I would tell this man that there is no harm in feeling hungry and advise him to do something or think about something else at such a time, or at least to disregard the feeling.—V. CLYDE SMEDLEY.

### Psychosomatic Condition

Q.—My patient is a woman about twenty-seven years old who for the last two months has been having neurotic attacks. When she has a pain in her head, she is not depressed, but when she has not that pain, or an itching of

the scalp, she is melancholy and cries for hours at a time. Her home life is satisfactory with no marital problems or anything to cause this condition. She is much worried about herself, however, and of course her family is worried about her condition.

I have roentgenographed all her teeth and find this upper right molar area. There is no looseness or soreness of the tooth.

I am enclosing a roentgenogram and shall appreciate your diagnosis. It may be that this patient's difficulty is in the sinus as there is no definite cystic wall.—R. J. S., Wyoming.

A.—The patient about whom you write seems to be one of the psychosomatic cases about which we are reading to much lately.

So far as the right maxillary first molar is concerned, it seems to me that your roentgenogram shows normal, healthy roots. The radiolucent area above this tooth is, as you suggest, the maxillary sinus. If the rest of the teeth are in as good condition as this one, the case would seem to be out of your field.—GEORGE R. WARNER.

### Abrasions

Q.—I have two patients from the same family who have normal bites but whose lower centrals are cutting or wearing deep grooves in the lingual gingival third of the upper centrals and laterals. These grooves have reached a place where they are sensitive. Would you open the bite in a case like this?—H. H. C., Illinois.

A.—If the abrasion in these mouths is confined to the centrals, I should think the simplest solution would be to grind the lower centrals sufficiently to permit the placing of hard gold inlays restoring the worn grooves in the upper centrals to normal or near normal tooth contour.—V. CLYDE SMEDLEY.

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# Justi-facts

# 78

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553. Weak, brittle porcelain teeth cause approximately 40% of routine denture repairs; while strong, resilient Denta Pearls account for less than 1% of tooth breakage.

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## Laffodontia

"Did you have a good time at the New Year's Eve party, Gladys?"

"Naw, I got too much will-power."

★

Sign on a Scottish golf course: "Members will kindly refrain from picking up lost balls until they have stopped rolling."

★

Dental Nurse: "I'm sorry but the Doctor said to tell you he was not in."

Lab Salesman: "Oh! that's all right. Just tell the doctor that I'm glad I didn't come."

★

"Would you like to join our football team?"

"I don't know enough about the game to play but I'll be glad to referee."

★

"Who was the blonde you were out with Wednesday and Thursday?"

"She was the brunette I was out with Monday and Tuesday."

★

D. A.: "I'm Suzette, the Oriental dancer."

Tech: "Shake."

★

Lab Man: "Aren't you ashamed of yourself wearing so little clothing?"

Nurse: "Don't be silly. If I were ashamed of myself, I'd wear more."

★

And speaking of New Year's Eve parties reminds us of the description a friend of ours gave of a dress worn by one of the girls at a party he at-

tended. He called it a "baseball dress" and explained: "It had a diamond back, a grandstand view in front and showed a lot of beautiful curves."

★

A young man walked breezily into the doctor's surgery. "Ah, good morning, sir!" he said. "I've just dropped in to tell you how greatly I benefited from your treatment."

The doctor eyed him up and down. "But I don't remember you. You're not one of my patients."

"I know," replied the other, "but my uncle was and I'm his heir."

★

Sign on a rooming house window: "Attractive room for rent—everything furnished—Venetian blondes."

★

Professor (to class): "There's a young man in this class making a jack-ass of himself. When he's through, I'll start."

★

"What was your score?" asked a golfer.

"Seventy-two," replied the novice.

"Seventy-two? That's good."

"It's not so bad," agreed the novice, "But I'm hoping to do better on the second hole."

★

Cute Nurse: "There's a patient in my ward who hasn't made love to me yet."

Second Nurse: "One of mine is unconscious, too."

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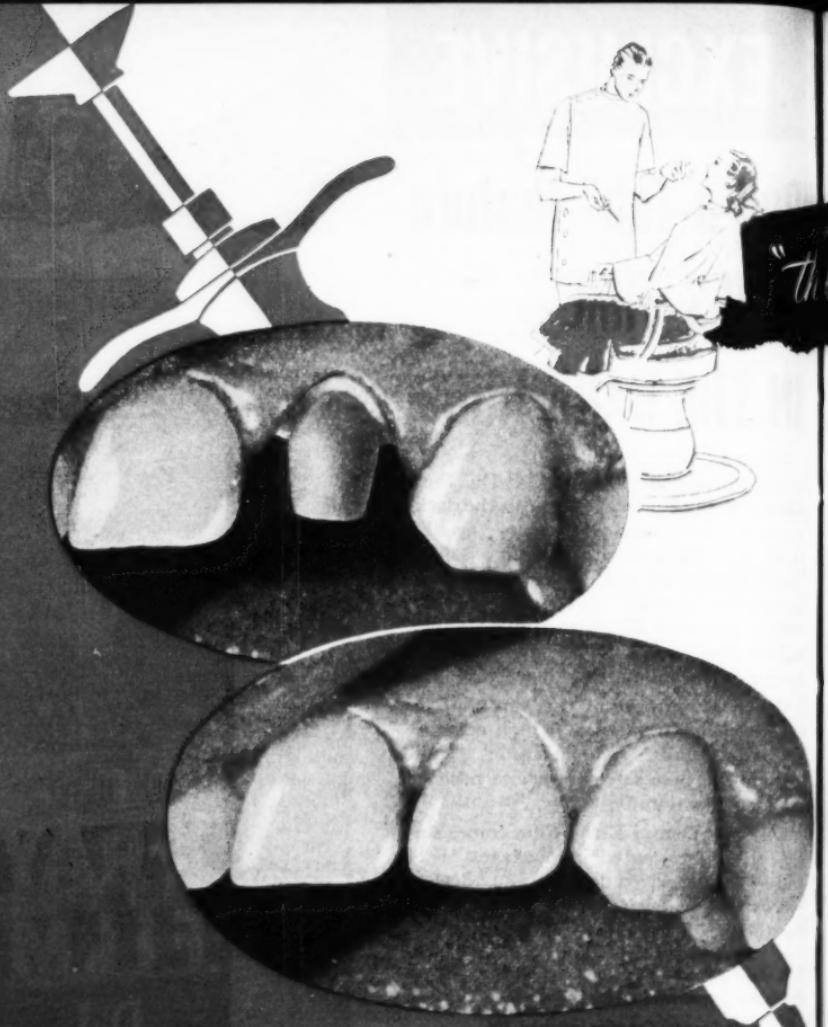
In Canada: Canadian Industries, Ltd.

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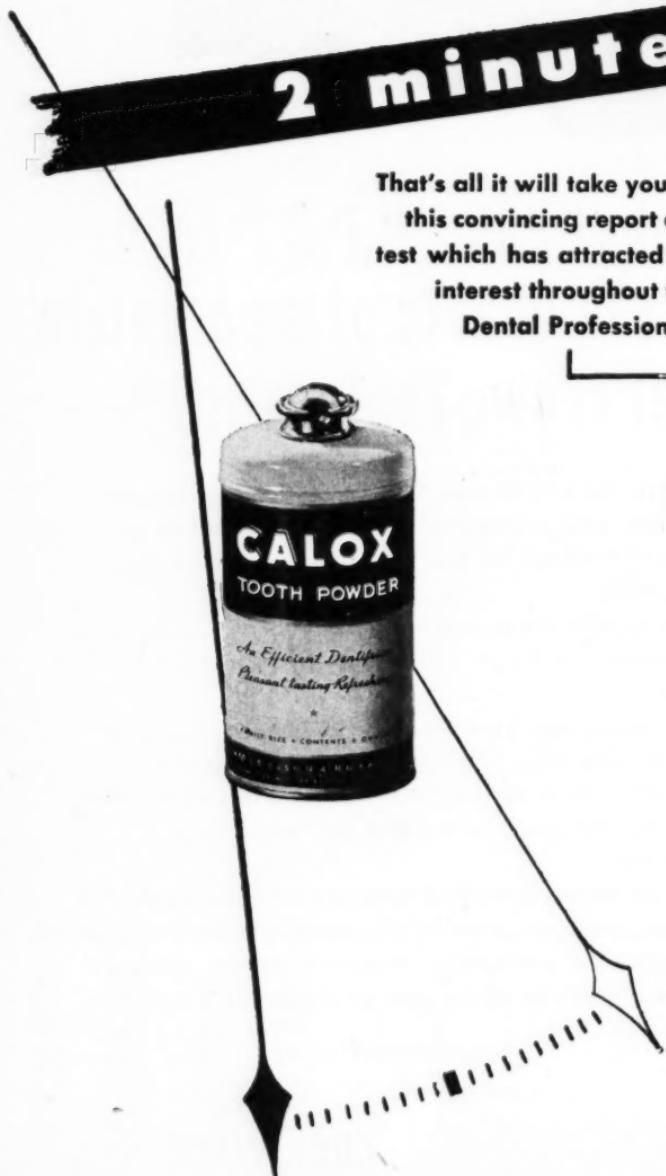
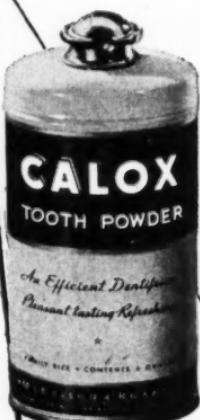
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# Special Problems in Denture Retention

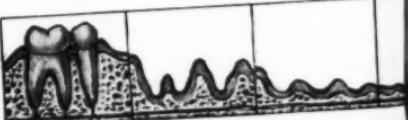
*Reproduction at the right is taken from the Wernet Booklet "Special Problems in Denture Retention" published for the dental profession.*



## *Shrinking Alveolar Process*

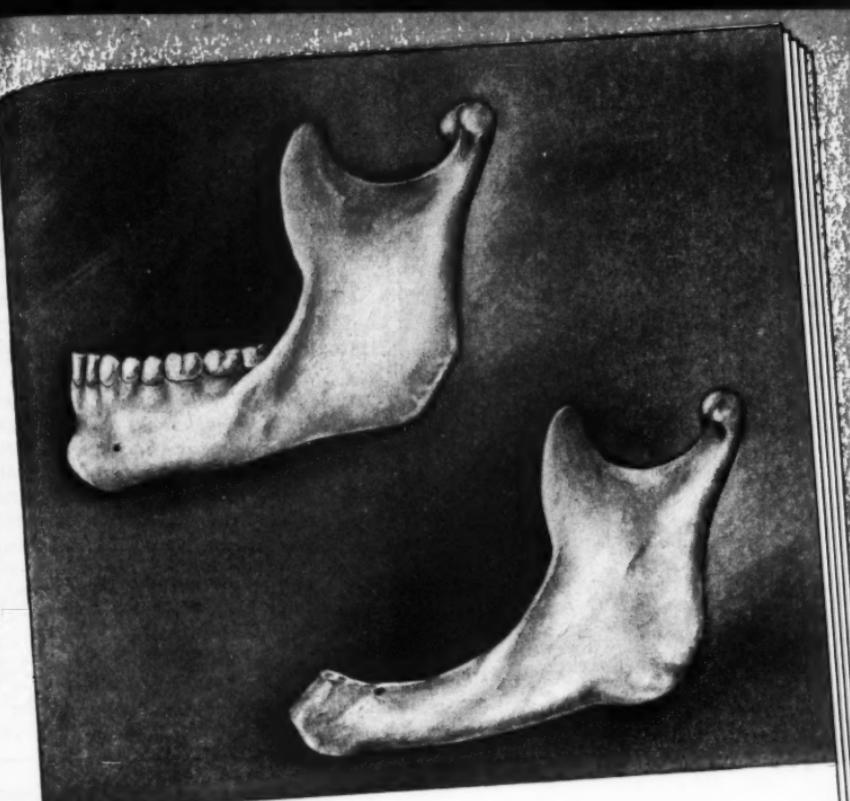
Inasmuch as denture stability is closely associated with well-defined ridges, frail alveolar ridge formation resulting from alveolar ridge resorption (or even complete resorption of the alveolar process), presents a progressively difficult problem in the construction of stable dentures. This problem is quite often aggravated by flabby, hypertrophied, yielding alveolar tissue falling over the area to be used as a denture foundation.<sup>25</sup> This condition may be either static or progressive, depending upon the rate of resorption which is affected by such factors as extraction trauma, denture pressure, neglected oral hygiene, failure of patient to report for adjustment at regular intervals, general systemic condition of patient, etc. In addition, the atrophic changes constantly occurring in the alveolar process present a continuing problem to the prosthodontist in maintaining satisfactory retention. This problem may be solved in great measure by judicious prescription of Wernet's Powder during the period of resorative change.

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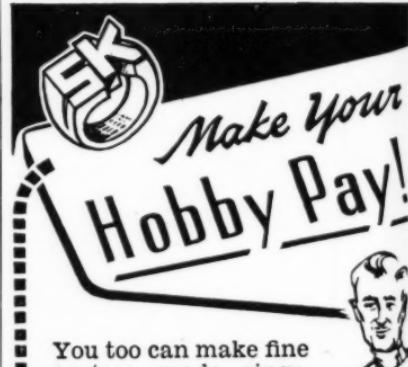
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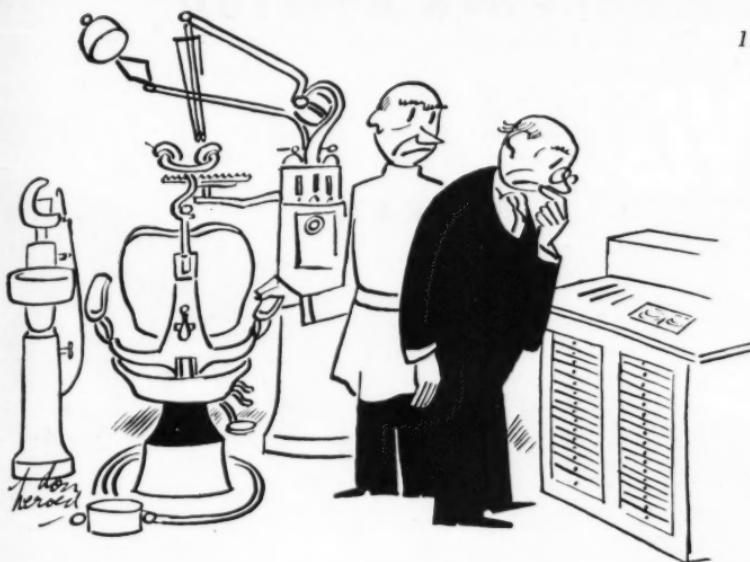


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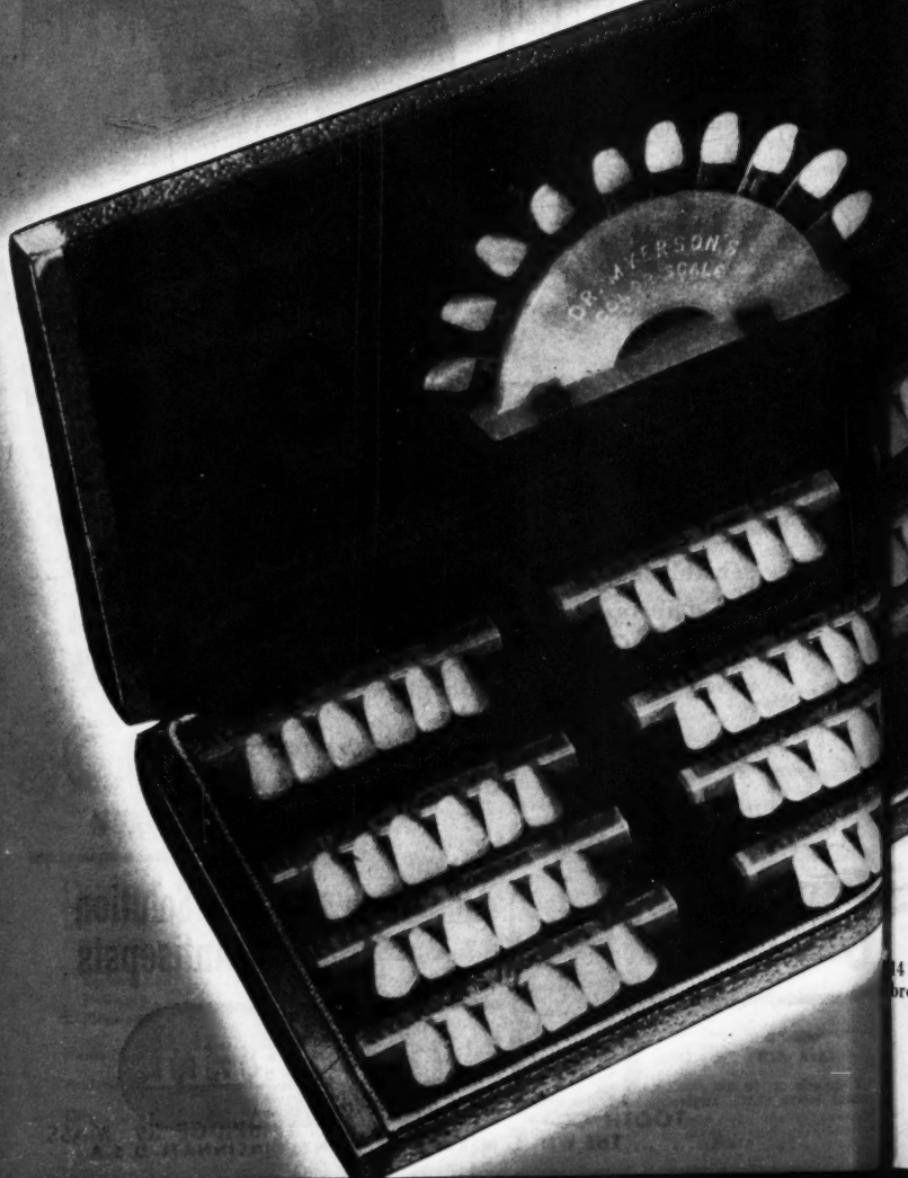
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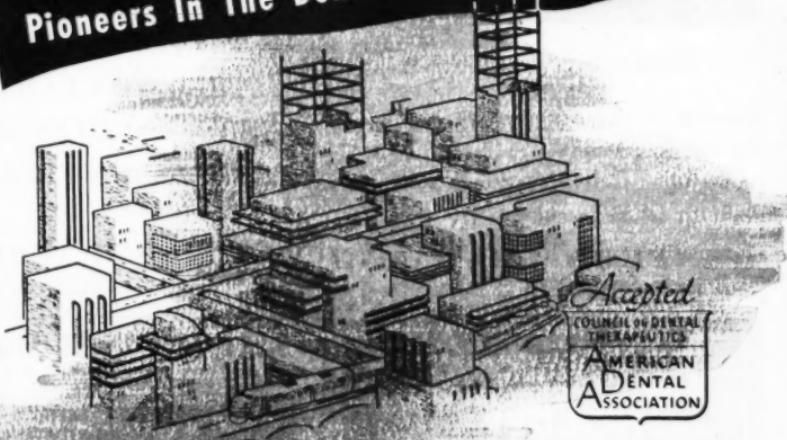


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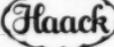
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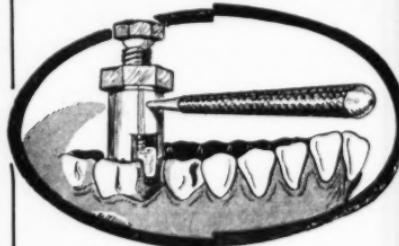
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● As his patients began the daily use of STIM-U-DENTS, improvement of mouth health was quickly noticed—firm, healthy gums—clean bright teeth surfaces—but he was actually amazed when his PYORRHEA and GINGIVITIS patients showed such marked improvement. Read his statement:

● "I have yet to see a case of gum hyperaemia, even with attendant hemorrhage, in my practice, that the daily use of STIM-U-DENTS, in conjunction with office treatment has not brought a normal healthy condition within ten days. STIM-U-DENTS present an ideal combination in both therapy and hygiene of the mouth; namely, cleanliness of the areas forming the interdental space and removing the media from a natural germ harbor, together with the stimulation that rids the gums of passive venous blood."

● Dr. LeGro realized the invaluable aid STIM-U-DENTS could render the profession and suggested, as did numerous dentists, that a Special Packet be made for distribution to the profession at nominal cost. This is available. (See cut.)

● We believe you will agree that STIM-U-DENTS merit your co-operation in prescribing this healthful home treatment to all of your patients for the DAILY CARE of their TEETH and GUMS.

● Send them please to your druggist for a 25c retail package and note the improvement upon their very next visit. They will be aroused to a new interest in their teeth and be prompted to visit you more frequently.



Keep Your Patients  
Thinking of You.

## STIM-U-DENTS

Stim-U-Dents also  
make excellent  
wedges in inlays and  
other procedures.

PROFESSIONAL COURTESY PACKAGE (This offer confined to members of the profession only.)

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Enclosed find \$1.00. Send me Professional Courtesy Package, containing 100 Special Packets (like cut) designed exclusively for dentists.

500 SPECIAL PACKETS (LIKE CUT)  
\$4.00 POSTPAID.  
 25c RETAIL PACKAGE \$2.25 PER  
DOZEN POSTPAID.

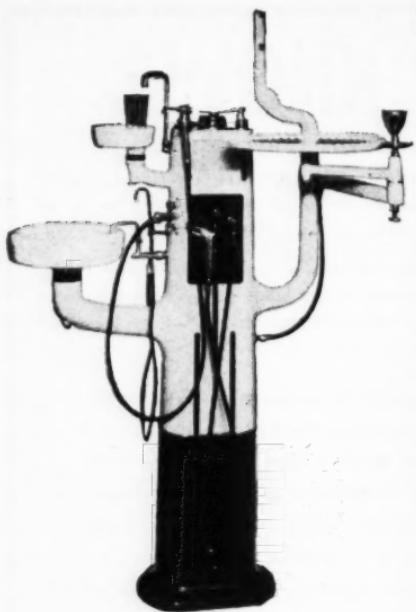
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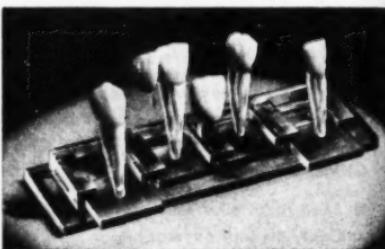
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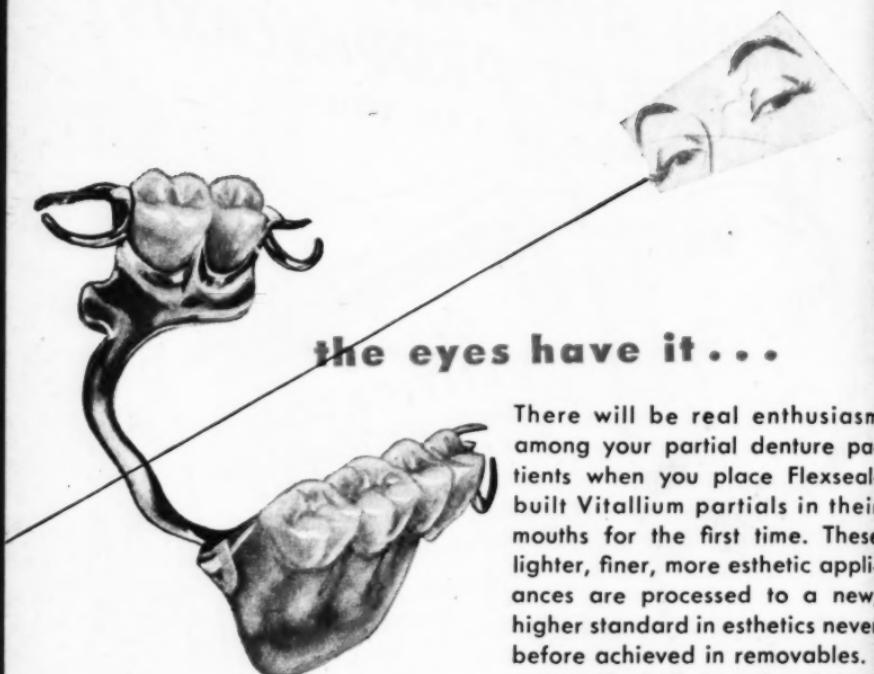
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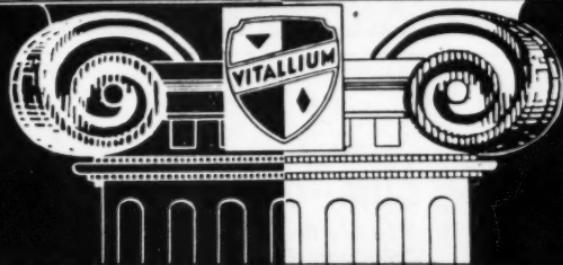


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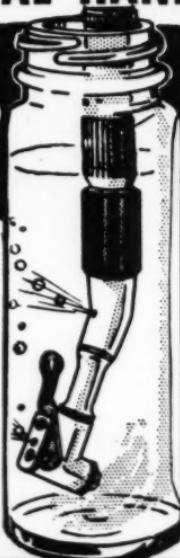
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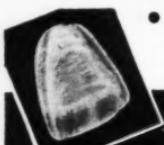
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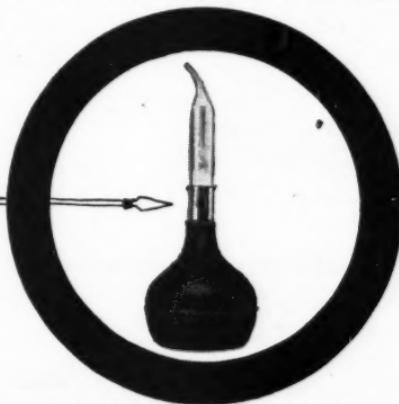


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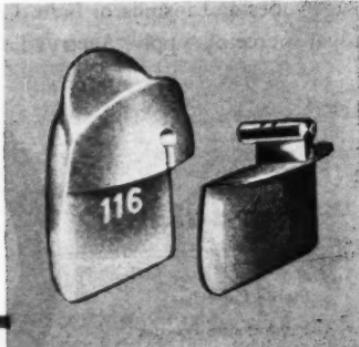
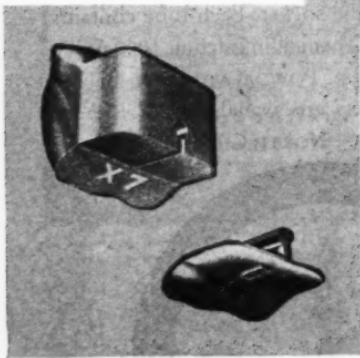
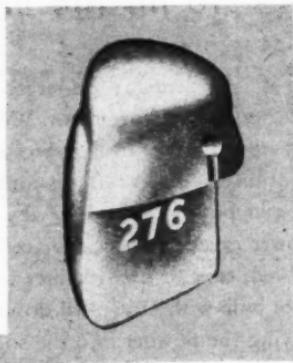
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The No. 8N Retainer was designed to simplify the release of the band from the retainer, after the filling is finished. It is similar in design to the No. 8 Retainer, the same bands being used for both. This type of retainer is required for large cavities, where the lingual or buccal wall is broken away, and for compound cavities, as the band encircles the entire tooth.

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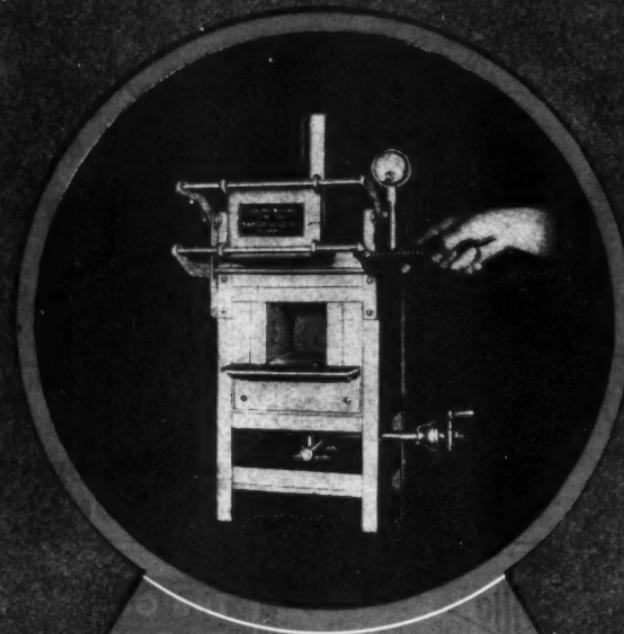
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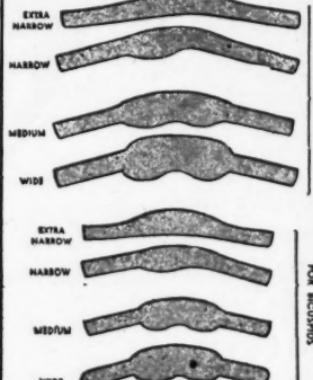
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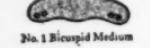
No. 1 Molar Medium



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No. 1 Bicuspid Broad



No. 1 Bicuspid Medium



No. 1 Bicuspid Narrow

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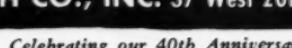
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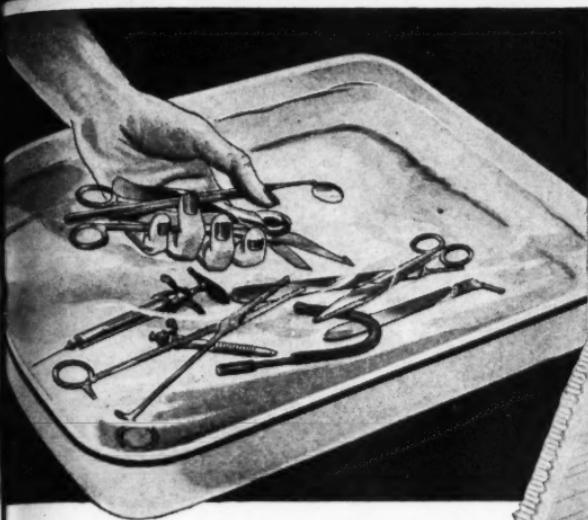


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all-purpose  
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\*Representing approximately 1 mg. fluorine

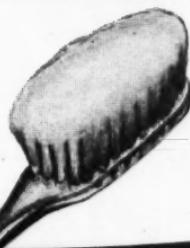
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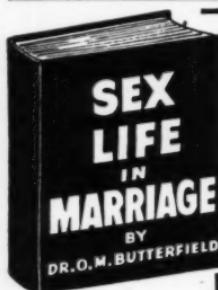
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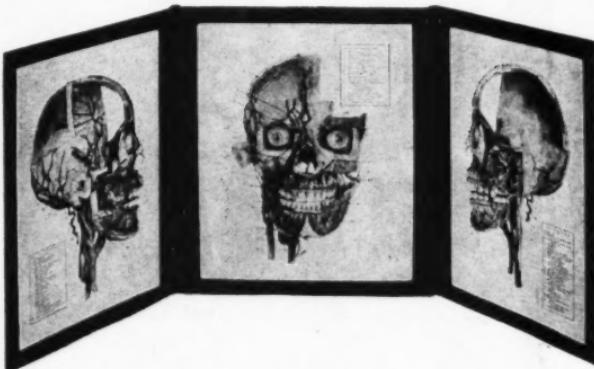
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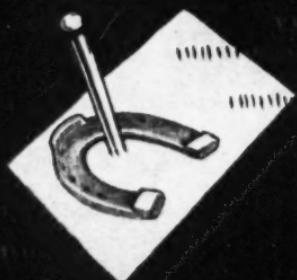
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# HOW IMPORTANT IS ACCURACY



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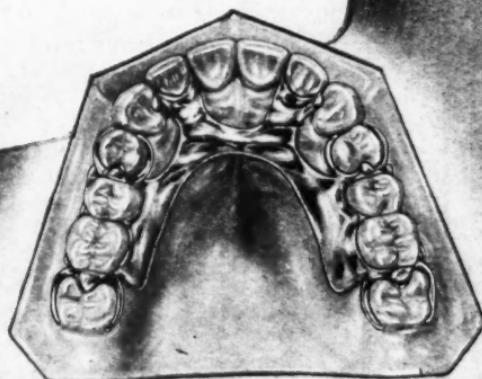
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THERE IS A TICONIUM

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TICONIUM, AND THE TICONIUM PROCESSING TECHNIQUE, ALWAYS RESULT IN PRECISE, ACCURATE RESTORATIONS THAT FIT THE MODEL EXACTLY. THAT THESE RESULTS CAN BE OBTAINED AT WILL BY ANY COMPETENT OPERATOR IS OF IMPORTANCE.

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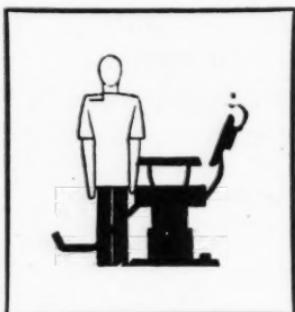
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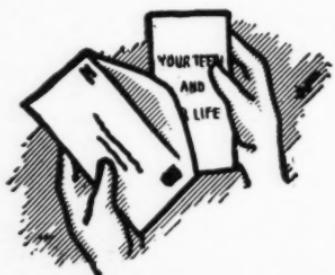
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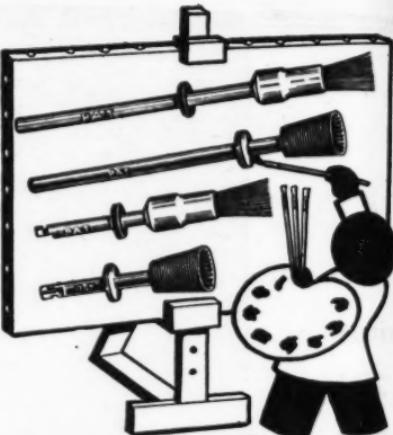
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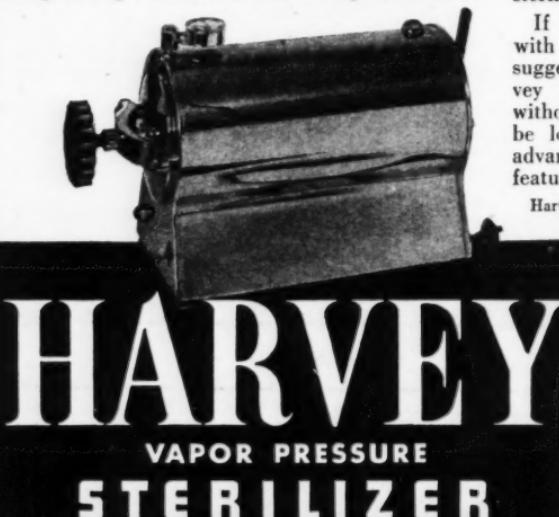
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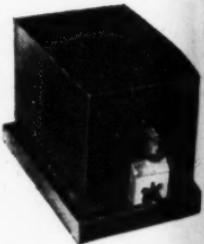
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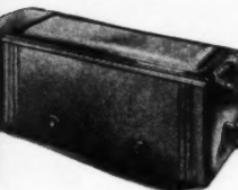
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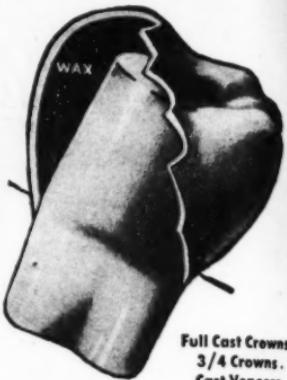
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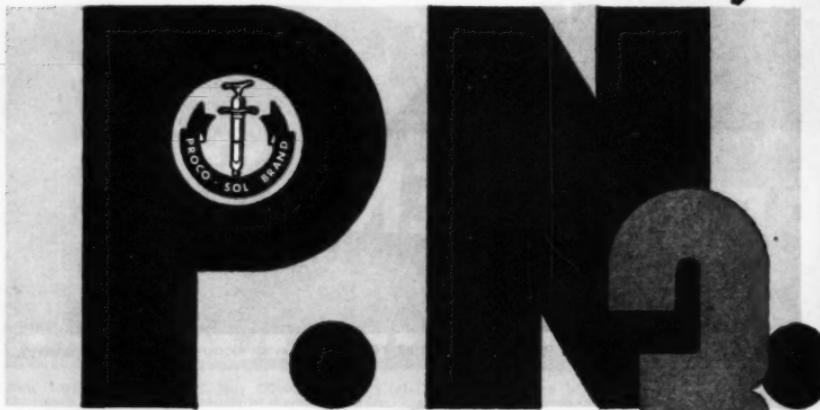
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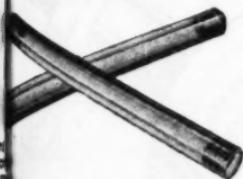
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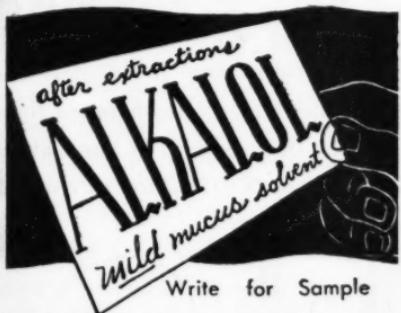
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# JOHNSON AND JOHNSON



EYED NEEDLE — pulls a looped suture in its wake.



ATRALOC\* NEEDLE — pulls single strand slightly smaller than needle ... causes minimal trauma.

## Featuring

### ATRALOC\* (swaged) NEEDLES attached to Monofilament Nylon and Surgical Gut Sutures

Atraloc\* Needles represent a significant advance, in permitting smoother technique in suturing delicate oral tissues. Each needle is supplied swaged directly to its own suture — ready for immediate use without threading — and "stream-lined" for minimum tissue trauma.

Atraloc\* Needles are No. 14 size, half-circle, self-cutting — supplied in individual sterile glass tube, with either Green Monofilament Nylon (No. 000) Suture, or Surgical Gut U.S.P. (No. 000) Suture, as required.



# JOHNSON & JOHNSON DENTAL SUTURES

## J & J EXODONTIA SUTURES AND NEEDLES

### Green Monofilament Nylon (No. 000), with No. 14 Atraloc® Needle

A single strand of amazingly strong, superbly smooth, pliable nylon—ties easily, holds securely, impervious to oral secretions, lessens danger of infection, distinctively colored. Each 20-inch suture swaged to its own No. 14 Atraloc® Needle—supplied in individual sealed, sterile glass tube.



### Surgical Gut U.S.P. (No. 000), with No. 14 Atraloc® Needle

This high tensile strength plain catgut is supplied in approximately 20-inch lengths, with self-attached No. 14 Atraloc® Needles—each in a sterile glass tube. Soft and pliable; no further preparation needed.

### Surgical Gut U.S.P. (No. 000), no needles

This same fine plain catgut suture is also supplied (without needles) in approximately 20-inch lengths, in individual sterile tubes. This soft, pliable material requires no further preparation than threading a needle.

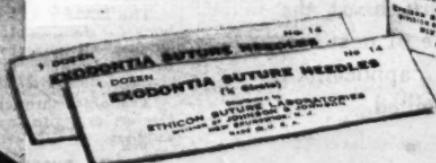
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Finest available braided silk suture, supplied bulk in 25-yard spools. Economical for the dental surgeon using a large number of sutures. Non-sterile. (See illustration below.)



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easier to thread and to use.

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Calcium . . . . .	15.6	Riboflavin . . . 12.4
Phosphorus . . . . .	8.3	Niacin . . . . . 0.7
Iron . . . . .	0.3	

Discovering more about the functions of sugar in human metabolism and better ways to use it in the sciences and technologies is the purpose of Sugar Research Foundation. Information about the program of scientific investigations and current findings will be sent on request.

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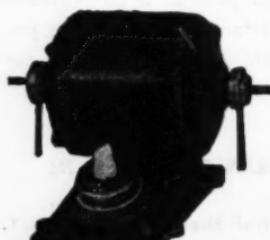


**Torit heavy duty, quiet running Dental Lathes are now available for immediate delivery — and at a new low price.**

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**Where anesthesia is difficult to obtain**, you can save valuable chair time and eliminate fear of pain by using this anesthetic before every operation. You can expect to get profound anesthesia in  $1\frac{1}{2}$  minutes, lasting approximately one hour.

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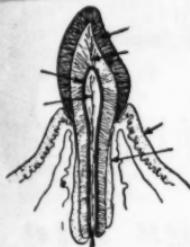
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# Citrus fruits help build teeth

"hard and fast"!



*C* deficiency may cause tissue degeneration in enamel, cement, dentine, odontoblasts, pulp, and gingiva.

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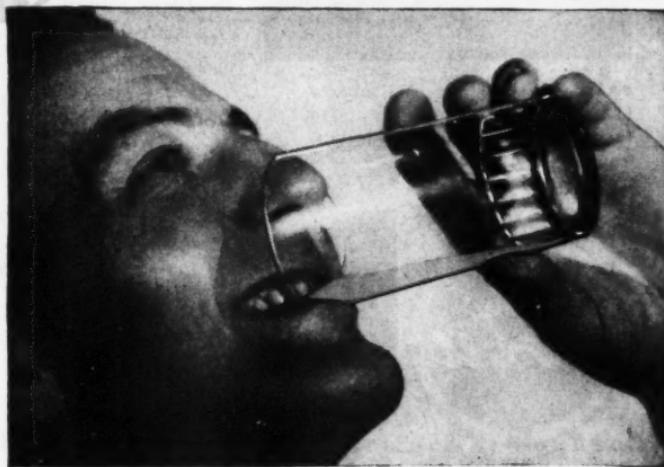
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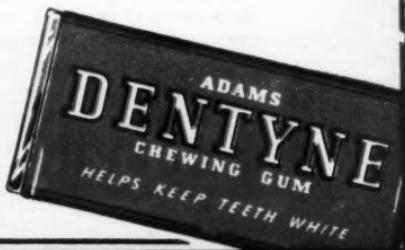
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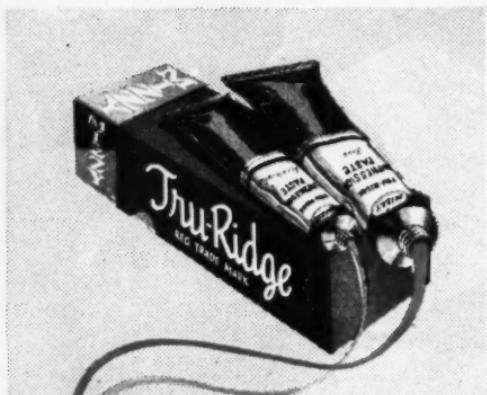
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*the ideal masticatory*



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**MIZZY**

## Tru-Ridge

Thin enough to insure even flow . . . ideal for closely adapted trays . . . spatulating time from 30 to 60 seconds . . . impression registers the most minute detail . . . sets hard within 3 minutes in mouth, preventing distortion . . . for full impressions, rebasing, etc.

*flows easily*

**MIZZY**

## Tru-Form

The alginate for exact elastic impressions . . . guaranteed to give uniform results constantly . . . exact detail . . . more body . . . excellent working range . . . indefinite shelf life . . . Uniquely packed in one dual envelope for easy preparation.



Two impression materials that insure control . . . just mix . . . prepare the tray . . . take the impression and pour the cast . . . accurate to the Nth degree . . . all possible within but a few minutes.

Mizzy Tru-Ridge and Tru-Form are products of fine quality — resulting from years of intensive research. Each built to meet the exacting requirements of modern techniques.

Better Materials for Better Dentistry

**MIZZY INC. NEW YORK, N. Y.**

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RESILIENCY

and

STRENGTH

SPYCO

#5



Dependable strength in combination with desirable resiliency make Spyco #3 the right gold to use for restorations subject to severe stresses. As a matter of fact, Spyco #3's possession of these outstanding service properties warrant your prescription for thin castings of all kinds, partials, clasps and bars. Many dentists use this superb alloy for extra hard abutments and inlays as well.

Spyco #3 handles easily; it casts clean and dense. Because this platinized gold has an unusual fluidity in the molten state it flows into the farthest recesses of the mold before solidifying at any point. In addition, Spyco #3 has a beautiful rich gold color that's pleasing to patients. Say "Spyco #3" the next time you have occasion to use a fine alloy. At your dealer: only \$2.10 per dwt.

Send us your scrap thru your dealer or direct

SPYCO SMELTING & REFINING CO.

51-57 SOUTH THIRD STREET, MINNEAPOLIS 1, MINN.

1. Ipana is recommended by more than twice as many dentists as any other tooth paste.
2. Ipana is used by more than twice as many dentists as any other tooth paste.

*(According to a recent nationwide survey.)*



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